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ABSTRACT

A resource guide for family day care providers in Massachusetts was developed as an initiative of the state Office for Children. Chapters are as follows: (1) Getting Ready to Do Family Day Care (e.g., definitions, provider qualifications, preparing your home, assistants, complaints); (2) Partnership with Parents (e.g., interviews, trial period, communication, parental involvement, forms, adjustment period, and folders containing records on children); (3) Caring for Children (e.g., introducing children to day care, scheduling, activities and materials, nutrition, home safety, emergencies, health practices, illness, child abuse prevention and reporting); (4) Operating Your Family Day Care Business (e.g., establishing a business plan, pricing, recordkeeping, taxes, insurance, recruiting children); and (5) Resource Guide (e.g., state agencies, referral agencies, hotlines, food and nutrition programs, books, periodicals, newsletters, and magazines). Appended are a wide variety of Office for Children forms, other blank sample forms, and health and safety handouts. Contains 30 references. (LB)

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Establishing A Successful Family Day Care Home

A Resource Guide for Providers

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Mary Kay Leonard
Commissioner

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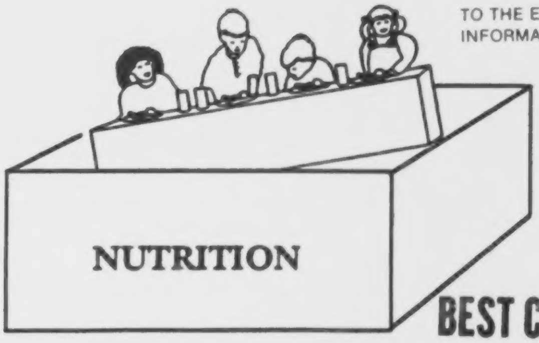

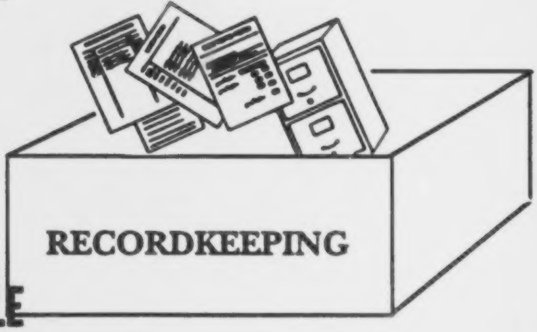

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This manual was also reviewed by the participants of the Family Day Care Orientation Pilot Project. This pilot project was part of the Office for Children's initial steps in implementing a statewide orientation program for all new family day care applicants. Three orientation sessions were held in November of 1988. As part of the orientation sessions, the second draft of this manual was distributed to all participants. An evaluation form was distributed with each manual and was to be completed and returned to OFC after the participants read the manual. The design of the orientation session and the compilation of the results from the evaluation forms was done by Susan MacDonald, a Family Day Care Supervisor for the Office for Children.

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I. Getting Ready to Do Family Day Care

Definition of Family Day Care

Family day care is the care of unrelated children on a regular basis with or without pay. Family day care takes place in a private residence. It is a business. States vary in their regulation of this business.

In Massachusetts, family day care is regulated by the state's Office for Children (OFC). OFC issues certificates of registration to applicants who comply with the regulations and successfully complete the application process. The OFC regulations include:

1. a health check on the provider and other caregivers;
2. a report of good character on the provider and all household members 17 years and older (i.e. no criminal convictions that would adversely bear on the provider's ability to provide day care);
3. a limit on the number of children to be cared for in the home;
4. a check on the home's safety and cleanliness by an OFC Family Day Care Licensor.

The regulations are made to protect you and the children. They cannot guarantee quality child care, but they do help prevent injuries and abuse. Filing an Application Packet with OFC is the first step in the registration process.(A list of offices can be found in the *Chapter 5*.) The Self-Evaluation Form takes some time to complete, but it will help you to prepare your home for the business. Deciding whether or not **you** are right for the business is another consideration. This will take some time and an honest look at your skills and personality.

Definition of Provider

A *provider* is, "Any person holding an approval or a certificate of registration issued by the Office for Children." After completing the Self-Evaluation form, your home may be visited by a Family Day Care Licensor who will check your compliance with the regulations. You can become registered (licensed) when your home is in compliance with the regulations. However, the Self-Evaluation form does not ask questions about your personality, your attitude toward children or your ability to run a business. You should analyze these questions and many more **before** you go into the family day care business.

The job of a family day care provider is very complicated. Not only are you a nurse and a teacher, but you are also the owner of a small business. You must start the business, see that it runs well, and make sure your customers are satisfied so they will recommend you to friends, neighbors, and work associates. You must do all of this while being responsible for someone else's children. Not an easy task!

Your Responsibilities as a Provider

Consider some of the jobs you should expect to do as a provider:

- Take care of the physical and emotional needs of the children.
- Teach the little ones to feed themselves.
- Assist the older ones with homework.
- Help with social skills.
- Prepare healthy food on a budget.
- Report to parents on the growth and development of their children.
- Keep records of attendance, expenses and income.
- Pay taxes.
- Keep tabs on how well the business is doing.
- Know how to handle emergencies.
- Make your home a safe work space that is comfortable for family members.
- Understand human behavior and the developmental stages of children.
- Seek help when you need it.
- Schedule your time with the children; plan activities that will help them grow.
- Maintain a professional attitude.

The decision to become a provider is a serious one. It is a rewarding way of life that can be tiring and demanding. Like any other job, there may be days when you don't want to get out of bed. However, watching the children in your care grow and develop can be enriching and satisfying. You should feel proud of the work you do and not feel shy about stating its importance to parents, friends and neighbors. Understanding yourself and what's required of a professional provider will help you feel good about yourself and help you educate others about your business.

Provider Qualifications

Becoming a good provider takes time, effort and, of course, experience. Getting a handle on your skills and abilities in the beginning is a good way to make your family day care home run more smoothly. Think through the following questions. You may not have all the answers. That takes time! The questions are meant to help you start *thinking* about your interest in, and suitability for family day care. Jotting down the answers on a sheet of paper or talking them over with another provider may help.

What is your attitude toward children?

Do you find them interesting or do they get on your nerves? Do you enjoy commotion or do you yearn for peace and quiet? Can you tolerate outbursts of anger or sadness? Would you be able to help a child learn self-control or would you lose your own? Could you be sure that each child in your care is not overlooked; that each child feels he or she belongs? Do you listen to children with respect, no matter what their ages? Do the children see you as a care-giver who will treat them the way their parents do?

How healthy are you?

Think about all that's involved in caring for six children eight or nine hours a day. For example, you must bend, lift, carry, talk, and be on your feet. You will be exposed to colds, flu and viruses that the children may be carrying. Of course, there's time to relax as well, but all in all, family day care can be very demanding. Your stamina and energy level should be high.

How confident are you in your ability to be a good provider?

You should feel secure enough to allow each child to grow and develop in his or her own way. You should not insist that things always be done your way, but be tolerant of other values and beliefs. In this way, you will set a good example for the children and parents will appreciate it. Do you maintain reasonable expectations of the children? Do you discourage unnecessary dependence? Can you communicate effectively with parents?

How do you feel about being isolated from other adults all day?

Being the only adult with six preschoolers can get frustrating at times. Where will you get the support and approval you need? Of course, you will see the parents when they drop off or pick up the children, but they don't usually spend a lot of time with you. You will want to spend the time you have with them discussing their children, not complaining about your work.

How do you feel about living in the public eye?

When you open your home to other people, it becomes very difficult to keep things private. Naturally, the children will want to share with their parents what happened when they were at day care. Children will also want to tell you about things that happened in their home. Listen to them with respect, but keep personal information to yourself.

Do you consider yourself a professional?

According to Webster's New World Dictionary, "A professional is someone who does something with great skill." Is that what you are—a child care provider with great skill? Think about it! You have to know a lot to be able to offer this valuable service. You have to know how to help children have fun and learn in a safe, loving environment. You have to teach children to feel good about themselves and get along with others. You have to understand the state regulations. Lastly, you have to know how to run a business.

A professional realizes that there is a lot to know and that s/he does not know it all, so s/he keeps learning. Are there conveniently located classes offered by a Child Care Resource Agency, school organization, the Red Cross or a hospital? Are there books you could read to help you keep up-to-date, organizations you could join, resources to contact? Are there other providers you could network with to help increase your sense of professionalism? When you manage your family day care business, with professionalism, you gain the respect of the community you serve.

Provider Quiz

Not everyone has the skills, personality or temperament to be a family day care provider. For this reason, it is important that you possess the qualities that are best suited to the profession. How would you answer these questions:

- Have you worked with young children or been in close contact with them? **Y N DK**
- Do you respect children and can you be sensitive to their needs? **Y N DK**
- Do you enjoy being around children? **Y N DK**
- Do you know enough about children to provide an environment that will promote their physical, emotional/social and mental growth? **Y N DK**
- Can you care for other people's children without becoming overly involved or trying to take the place of their mother or father? **Y N DK**
- Do you have a positive self-concept and do you generally feel good about yourself, your family and home environment? **Y N DK**
- Are you usually patient and can you maintain self control in handling the surprises that children often spring? **Y N DK**
- Do you have a sense of humor? **Y N DK**
- Can you handle emergencies without panicking? **Y N DK**
- Are you dependable? **Y N DK**
- Do you have a strong sense of responsibility? **Y N DK**
- Can you communicate easily with young children and *their parents?* **Y N DK**
- Do you have the physical and emotional strength to work with young children for extended periods of time? **Y N DK**
- Are you willing to share your home with others? **Y N DK**
- Do you enjoy being alone with several children all day? **Y N DK**
- Do you have adequate space? **Y N DK**
- Does your family support your efforts to establish a family day care home? **Y N DK**

Advantages and Disadvantages of Family Day Care

Family day care has its advantages and disadvantages. To be happy with it as a profession, the advantages should outweigh the disadvantages. The following list of advantages and disadvantages can help you evaluate the pros and cons. Can you think of other items you would add to either list?

ADVANTAGES

As a family day care provider:

- You are providing a necessary service to your community;
- you help children grow and learn in a home-like setting;
- you provide consistency and continuity in the child's life;
- it is possible to be at home with your own children and be available for emergencies;
- you can take advantage of little breaks in the day to do a load of wash, or put supper in the oven;
- it is possible to earn a decent income;
- you save the money that you would pay for child care if you worked outside the home;
- you are your own boss; you write your own job description; you set the policies and the schedules etc.

DISADVANTAGES

- you may find it difficult to visit friends, or take classes, for example, because of your work schedule;
- you may find yourself locked into the job and not able to leave the house easily;
- sometimes family and friends have to wait until your work day ends; this juggling act can be difficult for you and for them;
- your housework does not usually get done during the day, even though you're home;
- finding private time may take some planning;
- even with a high energy level, you may feel constantly tired;
- your day may be consumed by the business;
- you may find yourself in the middle of some complicated family situations;
- you may need to make some difficult business decisions and stick to them.

Preparing Others in Your Home for Family Day Care

It is very important that your family understands and agrees with your business venture because having other children in your home can change things dramatically. If you have children of your own, think how they will react to sharing you. Will they lose privacy? Will their lives be more structured? Will you give them less attention? Will they have more work to do? Will they need to arrange different schedules for their activities?

Preschool children may not be able to understand your reasons for doing day care, but you should try to explain them anyway. If they are made a part of the process, they will feel as if they have a role in your business and are more likely to feel good about it.

Older children have a lot to offer. They often enjoy taking care of toddlers and infants as long as they are not forced to do it. They can help school-aged children with their homework and play games with them. This can increase your child's self esteem.

Your entire household should be supportive of your business. Keep them involved in any decisions you make which may affect them. If you're thinking of rearranging a room, be sure you consult with **everyone**. You don't want family members to feel they're being moved out because of your business. If they did, behavior problems and unhappiness could result. Prepare them for the noise as well.

If you have an older relative living with you, think of how good it could be to involve that person with the children. You might have a "story time" where he or she talks with the children about what things were like years ago. This can be a learning activity for the children. It gives them a more diverse view of the world and gives the elderly relative a sense of self-worth. Multi-generational families have a lot to offer.

The following is a series of questions to be answered by everyone in your household before you go into full operation.

- How will your teenage children feel about inviting friends over or studying with other children around? Why?
- How will your family benefit from the other children in your care?
- How will your family feel about re-arranging the house if necessary?
- Will the extra things needed to do business be in anyone's way?
- Will family members be willing to adjust their schedules if need be?
- Will family members be willing to help out? If so, how?
- Will they be fully supportive of your business?
- How does your spouse feel about it?
- Will your younger children be willing to share you, their toys, and possibly their bedroom?
- Will the noise bother anyone—an older relative, or family member who also works at home?

Preparing Your Home to Meet Licensing Standards

The licensing standards from the Office for Children that you receive with your initial Application Packet are meant to provide the basis for a healthy, safe environment in which children can grow. You may have questions as you read them over. If you do, call the Family Day Care Licensor from your local Office for Children. A staff member can give you technical advice. For example, you may not have the money to buy protectors for all the electrical outlets in your home. The Licensor can suggest a less expensive alternative. You may not be used to keeping records; the Licensor can give you sample forms, and help you set up a system. Don't be shy about asking for help. The Child Care Resource Agencies are also experienced and knowledgeable about beginning family day care services.

In addition to the licensing standards, you will need to think about how you are actually going to operate in your home. Most providers are not fortunate enough to have a separate room for day care. They have to operate right in the midst of all their household belongings. Some providers have rearranged furniture so that an area is created for the children. Some store valuables and breakables on high shelves or in rooms that are not used by the children. Some providers pack them away, bringing them out on the weekends when the children aren't there. Often breakables can be a potential hazard and must be placed out of reach.

To protect furniture, some providers cover chairs and sofas with sheets, beach towels, etc. When the children nap on the household beds, some providers use sleeping bags on top of the bedspreads. Others provide mats to be used on the floor.

To display the artwork and projects of the day care children while reserving room for creations of their own children, providers recommend two bulletin boards or sending the projects home at the end of the day so their parents can enjoy them.

Some providers have found it necessary to have a private place in the home—an oasis away from the business. To accomplish this, designate one room that is off limits to the day care children, or put up a folding screen to section off a room.

The Licensing Process

The licensing process for doing family day care in Massachusetts consists of:

1. contacting the local Office for Children to request a full packet of information, including the CORI (Criminal Offender Record Information) forms;
2. completing all the necessary forms;
3. returning them to the Office for Children;
4. complying with any changes the family day care licensor requests after reviewing your application, or visiting your home.

Once you receive your certificate of registration, you can begin caring for children.

Zoning

You should contact your local municipality to find out if a special permit is required for family day care homes before you begin operating. The Child Care Resource Agencies have information on zoning if you need to go to the zoning board.

Approved Assistants

You may find that you need to hire someone to help you out from time to time. According to the family day care regulations, "An Approved Assistant is an adult who meets the same qualifications as required to be met by a provider (licensee)". An Approved Assistant can work with the provider or provide care in the provider's absence.

You should be cautious when hiring someone to work with you. S/he must have the personality, temperament and skills required to do the job. Write a job description, just as if you were the owner of any other business. List your expectations, the qualifications, the hours, and the pay. Then review the *Application for Approved Assistant* in the *Appendix* of this manual. This is the document a potential assistant will have to complete for the Office for Children. It's very similar to the Self-Evaluation Form you completed in your registration process. Prepare a list of questions. Then interview the potential assistants. You want someone who is as committed to family day care and children as you are, someone who will represent you and your business favorably. Take your time. Think it through. You need to make a sound decision.

The Complaint Process

It is possible, but not probable, that someone could complain about your operation to the Office for Children. If this happens, the Office is required to investigate it. An unannounced visit is made to your home by a Family Day Care Licensor. The Licensor discusses the allegations stated in the complaint with you. No names are mentioned. It may be an uncomfortable situation, but try to be calm and honest. The Office for Children Licensor does not like the awkwardness anymore than you do, but the complaint must be discussed. Most of the time, the complaint involves the misinterpretation of one of the regulations; in that case, the Licensor can help you correct the situation. If you are not in compliance with the regulations, the Licensor must write a report and send a letter to you stating the necessary corrections and a reasonable amount of time in which to correct them. A follow-up visit may be needed to verify your compliance at the end of the time frame specified in the letter. If the corrections are not made, the case could be referred to the Central Office for Children for further action.

Before You Open Your Door

Most small businesses that fail in this country do so because of poor management—lack of planning and organization. Therefore, it is vitally important that you think through every aspect of your business **before** you open your door. Talk to people already doing child care; take note of their problems and how they solved them. Make a list of your concerns, your family's concerns, and even your neighbors' concerns. Try to address them all before you open for business. In that way, you should be well prepared for any eventuality. The previous sections assisted you in analyzing how suitable you and your home are for child care. Once you have answered all the questions raised in this chapter, you will be well on your way to creating a successful family day care business.

II. Partnership with Parents

As a family day care provider, you will provide a valuable service to families and you will play a significant role in the lives of each of the children in your care. To foster this role, it is essential to develop a positive caregiver-parent relationship. Establishing such a relationship starts with your first meeting.

Initial Interviews with Parents and Children

During the initial interview, you will want to accomplish three goals. First, you will want to determine how the child will fit in with the other children in your care. Secondly, you will want to determine if you and the parent can work cooperatively together. Finally, you will want to reassure the parents that their child will be cared for by a competent and knowledgeable person.

Schedule a time when both parents, if possible, can visit you in your home. You may prefer to have this initial meeting after child care hours or on weekends. It is also essential for the parent to bring the child to the meeting. This will allow you to observe the relationship and interaction between parent and child, meet the child, and determine if the child will fit into your program.

To develop a comfortable atmosphere, begin by asking the parent some simple questions.

1. How did the parent find out about your family day care home?
2. Does the parent live nearby? Where does the parent work?
3. Are there other children in the family?
4. Is the parent new to the area?

These questions can help the parent relax while you begin to get to know each other.

At the same time, you can begin to observe the child's behavior. Does s/he seem shy, talkative, aggressive, nervous? What toys, books, and games seem to interest him or her? How does the child respond to you? Next, you can offer the child something to do in a nearby location. This will help you determine how adaptable, responsive and independent the child is. It will also give you the opportunity to continue your conversation with the parent.

Defining Your Service

Once the child is content and occupied, you can find out more about the child. Begin by asking the parent some general questions about the child.

1. What are the child's interests, likes and dislikes?
2. Has the child been in day care before?
3. Does the child have brothers or sisters?
4. Does the child have any special needs?

After some observation, you can determine if the arrangement will work for you, the child and the parent. If so, continue to define your service. If not, you may want to advise the parent of other child care services.

It is important to present your service in a professional, business-like and straightforward manner. You may begin by discussing your experiences, education and training related to day care. It is helpful to provide the parent with a copy of your day care schedule and activities, and information on family members or others who may be assisting you. (See Sample Daily Schedule Form on page 27). Inform the parent of the number of children you are licensed to care for and whether your own children will be at home during day care hours.

Aspects of Caregiving

The next step will be to discuss the caregiving aspects of your job. This discussion will allow you to more clearly define the roles and responsibilities in caring for the child.

Values

1. What are the parent's values and views on raising children? Are they similar to yours?
2. What are your differences? Can you respect each other's differences?
3. What are your views on television viewing or use of television during child care hours?
4. What are your views on feeding children, on appropriate snacks for children?

Discipline

1. What are your methods of providing discipline?
2. Do you and the parent have similar approaches to discipline? What are your differences?

Habits:

1. Is the child toilet trained? If not, what approaches will be used?
2. What are the child's eating habits? Does s/he have specific likes and dislikes?
3. What are the child's sleeping habits? Does the child nap? At what time? How long? Are there any bedtime rituals?
4. Does the child have favorite activities or special toys or games? Will the child be allowed to bring toys from home?
5. Does the child have any physical limitations?
6. How does the child communicate his or her needs?
7. Does the child have any known health problems?

Responsibilities

1. Will you or the parent provide a change of clothes, diapers, formula or special foods for the child?
2. How will the parent inform you of any changes related to work schedules?
3. What arrangements will be made if you or the child becomes ill? What about emergency situations? Do you have an available substitute in any of these cases?
4. How will you and the parent inform each other of the child's progress?

Business Aspects

Business aspects which define your service are covered in Chapter IV.

Tour of Your Family Day Care Home

Before completing your visit provide a tour of your home and outside areas; point out the location of different activities. Let the parent and child know what sorts of things are done in each room, where toys are kept and where children keep private belongings. Point out, too, where children eat, sleep, and use the bathroom. By sharing as much as possible with parent and child, you can reassure the parent about your competence and interest in the child. The parent will then project an attitude which reassures the child.

Parent/Child Visit

It is important to complete two more tasks before the parent leaves. First, arrange to have the parent and child visit during your child care hours. Secondly, provide the parent with a packet of information which includes your business forms (sample forms are found in the *Appendix*), a schedule of your day care activities, and examples of menus or appropriate snacks. At this time, you may also want to provide the parent with a list of references; this is a good business practice.

During the second visit, you can observe the child's interactions with the other children. Is s/he hesitant, anxious? Does s/he jump right into activities with the other children? From this interaction, you can begin to assess whether the child will fit in with the other children in your home.

Sharing Information

Be sure to take some time with the parent to further review your expectations of each other in caring for the child. This can help to prevent misunderstandings between you and ensure a more positive growth experience for the child. Topics to address include:

1. rest times for children;
2. messy activities and child cleanliness;
3. what and how much children eat;
4. out-of-door play and exercise;
5. indoor activities;
6. how to manage inappropriate behavior;
7. the child's behavior with other children, and in finishing tasks, following directions, and keeping things in order.

During your discussion, attempt to resolve areas of disagreement. If there is a particular skill that the parent would like you to help the child learn, discuss how this can be done.

Trial Period

Different children have different needs. All day care settings are not suitable for all children. For this reason you might want to accept a child for a limited time, on a trial basis. During this trial period you will decide if your style and expectations match the needs and expectations of the family for whom you are providing services.

Here are some examples of situations which could warrant concern.

1. You might notice that your newest arrival is a typically active four year old. Can you manage him along with the insecure three year old and the two toddlers who are not yet sharing toys?
2. What about the two and one-half year old child whose parents have just separated? As he deals with the chaos in his own life, can you support him while managing his acts of aggression in your day care setting?
3. A parent's work schedule changes and the child's schedule overlaps with another part time child, causing your program to be overenrolled. What will you do?

These situations are manageable. Deciding if they are appropriate to your particular situation, however, may require some thought and and planning during the trial period.

Communication

Throughout this decision making period, communication between parent and provider and provider and child, will be the key to building trust and confidence in the day care situation. By sharing stories of the day, new accomplishments of the moment, and key steps the child makes in his or her development with parents, they will learn to feel comfortable with your important role in their child's life.

As you encourage the child to talk about what's important in his or her life, the child will build trust in you as a caring and interested adult.

Parental Involvement

To encourage parent involvement in the day care setting, consider these suggestions.

1. Invite the parent to participate in day care activities in ways suited to his or her interests (For example, bringing a cake for the child's birthday; sharing craft ideas).
2. Invite the parent to lunch during day care hours.
3. Establish times when the child can call the parent at work.
4. Set up regular times to discuss the child's progress with the parent.
5. Schedule occasional meetings for all parents to attend. (Some providers use pot-luck dinners).

As in any other business, developing positive relations with your customers, in this case the parents of the children you care for, is essential to a successful family day care business.

Necessary Forms

Once the parent chooses you as their family day care provider, set the date when the child care will begin, and provide the parent with the necessary forms and contracts that need to be signed. According to the Office for Children regulations, certain forms need to be completed prior to the child's enrollment. These include the *Register Form* (see box).

Blank samples of these forms are included in the *Appendix.*

Child Folders

When arrangements become final, begin a folder on the child. The folder should contain the Register Form for the child, health records, medical statements, and any notes or observations about the child. The more information you have about the child, the better your chances will be for matching your day care program to the child's needs. It is important to keep the folder updated as well. This can be facilitated by keeping your communication lines with the parent and child open.

Register Form

The Register requires some of the following information:

- Child's full name and address, nickname, date of birth.
- Parent(s) home and work number and address.
- Arrival and departure times.
- Names and addresses of other people you can contact in an emergency and/or are allowed to pick up the child.
- Names and addresses of the child's doctor and dentist.
- Permission statements regarding medical care, excursions, administering medications, and parental visits.
- General information regarding the child's schedule and interests, play activities etc.
- Background information on the child's family.

A *Parent and Provider Agreement* is discussed in Chapter IV

Period of Adjustment

As a provider, you may want to consider establishing a period of adjustment for every new child. During the initial two to four weeks the day care arrangement would be considered temporary.

To ease the separation, encourage the child to bring along a favorite toy from home. Tell the parents that children frequently pick up parents' attitudes about separation; if the parents seem upset, the child will have a more difficult time saying goodbye. Encourage the parent to come earlier the first few days and gradually spend less and less time in the day care home. You can help ease the separation by creating a familiar enviornment for the child; for example, you might prepare the child's favorite foods. It is helpful to reassure the parent that even in the best situation it may take two weeks to a month for the child to adjust to the new routine. After a difficult separation, you might call a parent at work to reassure them that their child is okay.

During this phase, you and the parent need to observe the child. Notice how the child reacts during drop-off and pick-up times. Does s/he seem clingy, angry, tense, pleased? Have the child's eating and sleeping patterns been disrupted? Does the child seem confused by conflicting rules and expectations? By noticing changes of behavior in the child, you and the parent can determine how well the arrangement is working. Sometimes a problem can be resolved by a change in schedule, a different method of discipline or another approach. If nothing seems to be working and the child continues to be unhappy, suggesting an alternate day care arrangement is the most appropriate thing to do. You may want to refer the parent to the local Office for Children or Child Care Resource agency. Keep in mind that such a decision does not indicate a failure on your part; it reflects your knowledge of the most appropriate choice for enhancing the growth and development of that particular child.

Talking About Problems

Discussing the child's progress should happen regularly. Drop-off times and pick-up times are especially appropriate moments to share a positive report about the child's latest accomplishment or a funny story of the day.

Talking about a difficult problem, on the other hand, requires a special time when you and the parent have the energy and patience to work together on a difficult situation. It is important that you discuss problems in private and never in front of the children. Consider these steps if, during a trial period, or after you have accepted a child into your home, a difficult issue arises:

1) Think about the problem at hand. Is it a problem you can handle yourself? Are you sure involving the parent will make a difference?
2) If you feel parental involvement is needed, invite the parent to meet with you at a quiet time mutually agreeable. Explain that you would like their help in dealing with a situation.
3) Begin your parent/provider meeting with some positive comments about the child. For example, "Tim loves playing with the blocks! What a great imagination."
4) Introduce the problem, using an *I statement*.. "I'm concerned that Tim has begun talking like a baby. Have you noticed this at home?"
5) Give the parents time to talk about the problem. Through discussion you may discover a reason for this "misbehavior". (Tim might have a new baby at home.)
6) Discuss approaches you and the parent might use. Choose the solution you both are comfortable with.
7) Agree on a time to get back together formally or informally to evaluate the effectiveness of the solution you tried.
8) Remember to keep problems confidential.

III. Caring for Children

Introducing Children to Day Care

A period of adjustment is necessary when a child enters a day care home. It is not only the child who must adjust. You, your family and the other children in your care must adjust to the child. The child's parents will be adjusting to a new situation. Cooperation and communication are essential.

Scheduling Your Day

Massachusetts Office For Children regulations require that you plan the time that children are in your care to include a balance of active and quiet play, group and individual activities, eating, sleeping, resting, toileting, and outdoor play. You are also required to submit to the Office for Children a written plan, outlining the types of activities and routines provided in your family day care home.

Each family day care program is unique. Some may be very structured, with specific activities planned in advance. For example, a provider may plan for the children to make a paper decoration during quiet time on Tuesday and will obtain special supplies for the project. Other programs may be more loosely structured, allowing children to choose from several quiet activities for which supplies are always available. In either case, both you and the children will benefit from a consistent, well developed schedule. Routines are important to children. Knowing what to expect helps them to feel secure and to frame their day. A balanced routine helps eliminate misbehavior due to hunger, fatigue, boredom, accidents, frustration, and their need for attention.

A Child's First Day in Day Care

Give a child particular attention on his or her first day. Make sure a favorite toy, blanket or pacifier is available if needed.

Try to make the mother's departure less painful by having her stay for a while. When she leaves, let the child know she is leaving. Help the mother to understand that even if the child cries and protests, it is important to tell the child what is happening and that mother can be trusted to return.

A good-bye ritual accompanied by your explanation of what is happening often helps. You might go to the window with a baby or toddler and say, "let's wave good-bye. Mother is going to work now. She'll be back this afternoon." It may help an older child to have a special good-bye jingle such as, "A kiss and a hug and a wave good-by," which he or she and mother can practice at home. Each child might teach the jingle to the other children so that all can recite each child's jingle as the parent leaves.

When a child is upset, don't hesitate to hold or comfort him or her if s/he will let you. Protect the child from exchanges with the other children which are likely to cause unhappiness, such as another child's pushing. If the child showed interest in a particular toy on a previous visit, see that the child gets that toy to play with. You might say, "I've saved this car for you, Danielle."

Separation Anxiety

While separation anxiety can occur at any age, strong separation reactions commonly begin around six to eight months as a baby learns to distinguish his or her parents from other adults. Such reactions peak around fifteen months and cease by three years. Even if you begin caring for a child during early infancy, s/he may still exhibit separation reactions later on.

Occasionally a child will exhibit real fear upon separation from a parent and require a longer than usual adjustment period. It is important that you acknowledge the child's fear. Speak to him or her in a reassuring tone, showing that you understand his or her feelings, while calmly stating your own needs. You might say, "Andrew, I know that you feel scared when Daddy leaves. Come sit by me for awhile. I need to have you calm down so that we can all begin our day."

When a child is having difficulty, the parent's attitude is very important. The parent should remain calm and express confidence in the child's ability to overcome his or her fear. A mother could say, "Jose, I know that Laura will take good care of you and that when I return she will tell me about the fun things you did today."

Activities and Materials for Various Ages

As a family day care provider you will be concerned with the comfort, safety, health and nutritional needs of the children in your care. It is also important that you provide activities and materials that will contribute to the physical, social, emotional and intellectual development of each child.

Office For Children regulations require you to "offer care which promotes self-reliance and encourages the development of self-esteem and social competence." Such care should include the following:

1. opportunities during the day when the child can assist you, appropriate to the age of the child;
2. encouragement of active play and participation as well as listening or watching;
3. opportunities for conversation, handling different types of equipment and for a variety of experiences during the day;
4. space for each child's belongings, and respect for the child's personal privacy.

Office For Children regulations further state that, "the provider shall have available a variety of materials for indoor/outdoor play appropriate to the age, growth and developmental needs of the children in care."

Sample Daily Family Day Care Home Schedule

Time of Day	*Activities and Routines*
7:30 a.m.	Greet parents and children. Children do quiet activities.
8:00 a.m.	Prepare snack with help from the children. School age children leave for school.
9:00 a.m.	Help children clean up, go to bathroom. Change diapers. Wash hands and meet in kitchen for snack.
9:30 a.m.	Snack and cleanup. Planned activities.
10:00 a.m.	Indoor project.
10:30 a.m.	Outdoor play, outdoor games, walk, or trip. On days with an excursion, plan a simple lunch.
11:00 a.m.	Put food into oven to heat. Use left-overs or foods requiring simple preparation, or prepare with help from the children.
11:30 a.m.	Reading or other quiet activities and cleanup. Toileting/changing routines and washing.
noon	Lunch and cleanup. Brush teeth, etc.
12:30 p.m.	Quiet time.
1:00 p.m.	Naptime.
1:30 p.m.	Bookkeeping/record keeping while children rest.
2:00 p.m.	Wake up and quiet activities. Bathroom/changing.
2:30 p.m.	Prepare and eat snack.
3:00 p.m.	Outdoor play.
3:30 p.m.	School age children arrive for their snack and outdoor play.
4:00 p.m.	More outdoor play, or inside activities, depending on the weather. Check diapers/wash up.
4:30 p.m.	Begin preparation of dinner and/or tomorrow's lunch. Children can help, or older children can read to younger children.
5:00 p.m.	Quiet activities. Older children can read to younger children.
5:30 p.m.	Talk to parents as they pick up their children.

Show Infants that You Really Care

Infants feel loved when their needs are met. They feel loved when they are well-fed and comfortable and when their meal times, diaper changes and baths are relaxed, happy events. They feel loved when caregivers talk to, smile at, and sing to them. They feel loved when they are gently but securely held and handled. Infants feel loved when adults relate to them as a person worthy of being loved.

Use diapering and bathing times to smile at and talk to a baby or to play touching, patting and simple rhythm games.

Provide interesting things for an infant to look at, listen to and play with.

Infants enjoy looking at brightly colored mobiles, listening to soft music and wind chimes, cuddling soft dolls and animals, shaking rattles and kicking at cradle gyms.

Older babies need toys with which they can do things. They enjoy looking at themselves in unbreakable mirrors. They like brightly colored unbreakable items such as nesting cups that can be grasped, dropped, stacked and chewed on.

Toddlers are Always on the Go

The toddler stage is one of exploration. Life is a constant adventure for both you and the toddler. Toddlers are in a period of rapid physical development: learning to balance, walk, talk and climb. They enjoy materials and activities that require the use of their new skills.

Toddlers enjoy using baby dolls, kitchen utensils, play telephones, pocketbooks and hats for dramatic play. They also delight in blocks to carry, push, pull and stack; cars, trucks, trains and baskets or boxes to fill and tote.

To exercise their large muscles, toddlers need a safe place for running and tumbling and something safe to climb on.

Children naturally enjoy music. Toddlers will participate in simple singing and dancing. Simple instruments such as a drum made from an oatmeal box or cymbals made of pie plates, fascinate the toddler.

Large shells, leaves and pinecones, large crayons, big pieces of paper, and non-toxic modeling dough introduce toddlers to science and art.

CHOOSE ACTIVITIES AND MATERIALS WISELY

Keep safety in mind at all times.

The choice of any activity or material must be based on your observation of the child's capabilities.

Provide Interesting Activities for Preschoolers

Materials for preschoolers should include those listed for toddlers and additional items that will expand their thinking.

Preschoolers learn through dramatic play and role playing. Change sturdy cardboard boxes into a stove, sink and refrigerator. Add clean, empty food containers, a small table and chairs, pots and play dishes, and you will have a child-size kitchen that is sure to receive constant use. Add a cash register, paper bags and play money to turn this area into a restaurant or grocery store. Dress-up clothes and simple props let children try on many different roles. For example, a shoulder bag, some old letters and a cardboard "mailbox" are all that a child needs to become a mail-carrier. You can expand the thinking of an older preschooler by printing the childrens' names on index cards and putting them into the mail bag for delivery. Use your imagination to add new challenges to play situations as the children in your care grow and develop.

Preschoolers will continue to enjoy building, water and sand play. Remember that OFC regulations require constant adult supervision of children whenever they play with standing water.

To exercise their large muscles, preschoolers need safe equipment and space for running, jumping, crawling, climbing and riding.

The preschooler will enjoy singing, dancing and moving to music they hear or make up. In addition to simple instruments, a record player or tape recorder is enjoyed during these years.

Art activities will help the preschooler develop fine muscle control and expand creativity. Basic materials include clay, dough, blunt-tipped scissors, nontoxic paste and paints, crayons and lots of scrap paper. Spark creativity by adding shapes to trace, magazines for collages, and paper and fabrics in a variety of textures.

Seeds, flowers, and insects provide the basis for interesting science experiences; create experiments through observation of melting ice or cooking food.

Simple story books, puzzles, magazines and catalogues will entertain preschoolers when quiet time is needed.

Special Activities for All

Special events enhance your day care program and provide a refreshing change for both you and the children.

Field Trips

Go to the grocery store to get a pumpkin for a Halloween jack-o'-lantern, the library for a book on insects, the park for a picnic or down the street to watch a telephone line being repaired.

Holidays and Special Occasions

Do simple inexpensive things. The children care more about your attitude and about being part of whatever is being done. You may decide to sing, dance, decorate, prepare special food or, when appropriate, offer a cake or present.

Special Events

Invite a guest, parent, police officer, the school nurse or other community member to talk about his or her job or hobby. Have the children bring bathing suits, sunglasses and sand toys for a beach day on the living room floor in January.

Guidelines for Managing Behavior

Children communicate with us through their behavior. When children are content, there are few problems. However, when children are uncomfortable, confused, or curious about limits, they usually let us know through their behavior.

Managing a child's behavior can be very challenging for you as a day care provider. While you want to encourage children to be creative and explore their environment, you also know that at this early age preschoolers must gain some sense of self-control, not only to be safe, but also in order to develop social skills which help them interact well with their friends.

The first step in effectively managing children's behavior is gaining an understanding of **why** children behave as they do. Children misbehave when:

1) they are hungry, tired or sick;

2) they are bored or overexcited;

3) they are frustrated because too much is expected of them;

4) there are changes in their family life;

5) they feel unloved or unlovable;

6) they feel discouraged or put down;

7) they want to try out a new behavior;

8) they are inappropriate in the way they deal with problems, habits they may have learned at home.

You can eliminate many of these causes by following a consistent, predictable daily schedule that includes time for individual attention, fun activities, and time to release tension through water play or lots of running, jumping and other physical activities. Remember to keep your limits fair and consistent so the children will feel comfortable in a home where they know and understand the rules.

Setting Limits

The best day care environment in the world, however, will *not* prevent *all* misbehavior. By nature, children are bound to try out new four letter words, jump from high places in a single bound, or refuse to clean up their mess. In some cases a child may respond positively when you simply remind him or her of the rules. In other cases, you may have to take stronger measures. Consider some of the ideas outlined below as you try to discipline in the more difficult instances.

Minor Incidents

When children test or forget limits, teach them them appropriate behavior through:

1. reviewing the task to make sure the child understands;

2. making a game of it: "Let's pretend we are robots cleaning the family room!";

3. redirecting; direct the child toward a more appropriate activity and away from what s/he is doing wrong;

4. giving a warning, but not a threat;

5. Giving a simple explanation of how the child's behavior is affecting others;

6. using humor: "Your jacket's looking lonely out in the yard;"
7. turning the problem into a game;
8. offering a choice: "Would you like to pick up the blocks or straighten out the book shelf?";
9. counting (slowly);
10. encouraging the child if there is at least some effort in the right direction;
11. reconsidering: are you expecting too much?

More Serious or Repeated Incidents
When children form bad habits, you may need to take firmer action as you help children gain self-control. You may want to try:

Logical or Natural Consequences

When a child keeps doing the same thing wrong over and over again, look at the "crime" and try to identify a "punishment" that relates to the "crime." For example, if Tim refused to pick up his blocks for three days in a row in spite of your encouragement, you might want to restrict the use of blocks until Tim tells you he is ready to take responsibility for putting them away after using them. Or perhaps Ellen, who is frequently spilling her milk while talking excitedly with her friends at lunch, might make more of an effort to be careful if she is expected to clean up the spills.

Exploring Alternatives

If a child is constantly doing something wrong, work with the child to find an answer to the problem together. Set aside a special time to talk to the child about the problem. Use the following approach to create a plan for working on the situation.

1. Talk about the problem. (Suppose Ida is often interrupting you during storytime).
2. Explore solutions to the problem. Have the child think of the ideas. (I could stop sitting next to my friend. I could raise my hand when I want to talk. I could wait until you're done with the story).
3. Choose the solution you agree might be best. (How about raising your hand when you want to speak?).
4. Set aside time to evaluate the solution. (Let's talk after storytime tomorrow to see if our idea worked).

Difficult Children

Children act out their problems for many different reasons. They may have a difficult temperament. Their family may be going through a major change. They may be reacting to a family problem. In cases where a child is especially difficult to deal with, consider the following guidelines.

1. *Be aware of your own feelings in dealing with the child.* It is normal to feel frustrated with a misbehaving child. However, venting anger through yelling only increases the child's confusion and fear. Wait to speak to the child until you can address the problem calmly.
2. *If the child is being destructive, briefly hold the child.* Try to remove the child from the situation, giving him or her time and space to release tension under safer circumstances.
3. *When s/he is calm, discuss ways to deal with frustration more appropriately.*
4. *Do not isolate misbehaving children for long periods of time.* One minute for each year of the child's age is the appropriate guide for separating a misbehaving child. The withdrawn child may withdraw more. The overactive child may misbehave with even greater intensity as he reacts to what he or she may feel is an unjust punishment.

Remember, consistency and predictability are the keys to helping children feel comfortable and grow. Teach self discipline by helping the children make good choices and learn to solve problems. You will be helping your children develop skills they will use over and over again.

Nutrition Information

Good eating habits are necessary for the healthy development of young children. The foods children eat today affect the way they look, feel and act. More importantly, the eating habits they form will affect their health over a lifetime. By offering a well-balanced diet with a variety of foods, children will have a broader foundation for developing healthful lifestyles as they grow.

Planning a Better Diet

Eating good food can be fun; especially when you know that these foods help to maintain health. The following guides provide an easy way for you, as a family day care provider, to remember the primary rules of good nutrition.

Daily Food Guide

This guide classifies foods according to the nutrients they contain. Since no single food supplies all the essential nutrients in the proper amounts, variety is important. The number of servings needed from each group varies with a child's age and amount of physical activity. Selecting foods from the first four groups will help establish sound nutrition practices for the children in your care.

Vegetable and Fruit Group
Serve citrus fruit, melon, berries, or tomatoes as a source of vitamin C daily, and a dark-green or orange vegetable as a source of vitamin A every other day. For a good source of fiber, serve unpeeled fruits and vegetables, and fruits with edible seeds.

Bread and Cereal Group
Offer whole grain products often.

Milk and Milk Equivalents
Make skim, nonfat and low fat milk and milk products available; these provide needed calcium while keeping fat intake at a minimum for children over two years of age.

Meat and Meat Alternates
Incorporate more plant protein sources, such as beans, peas, lentils and peanut butter, along with poultry and fish, as they have less fat then red meats.

Foods in the *Fats, Sweets and Alcohol Group* provide mostly calories but few nutrients, and include foods such as mayonnaise, salad dressings, sugar, honey, candy, jellies, sugar sweetened beverages, unenriched refined flour and baking products. Since these foods have such poor nutrient quality, limit them when you plan meals and snacks.

(*The Child Care Food Program Meal Pattern* listed on page 36 is an excellent guide for planning the types of foods and adequate serving sizes.)

Dietary Guidelines for Americans

Because research has linked poor eating habits with the development of such chronic diseases as heart disease, cancer, stroke and diabetes, the U.S. Department of Agriculture and the U.S. Department of Health and Human Services have issued the following guidelines for more healthful eating. As a family day care provider, consider these recommendations in planning and preparing meals and snacks for children in your care.

Eat a Variety of Foods
Use the Daily Food Guide as a tool in selecting foods from the first four groups. By offering a wide variety of foods to the children in your care, you can insure maximum nutritional quality and help establish an appreciation for good foods that can last a lifetime.

Avoid too much fat, saturated fat and cholesterol
Choose lean meat, fish, poultry and dry beans and peas as protein sources. Use skim or low fat milk and milk products for children over 2 years of age. Limit the use of oil, butter, cream, shortenings and foods containing coconut or palm oil. Broil, bake, steam or poach rather than fry. Read labels carefully to determine both the amount and kind of fat present in the food.

Eat foods with adequate starch and fiber
Choose whole grain breads and cereals, fruits, vegetables, and dry beans and peas. Use starchy foods instead of those with large amounts of fats and sugars.

Avoid sugar

Use less of all sugars and foods containing large amounts of sugars, including granulated sugar, brown sugar, raw sugar, honey, and syrups. Read labels for clues about the sugar content. If the words sugar, sucrose, glucose, maltose, dextrose, lactose, fructose, or syrup appears first, the food will contain a large amount of sugar. Use canned fruits packed in natural juices or light syrup instead of heavy syrup. Limit the times sugar and sugar-containing foods are offered. Avoid serving sweets between meals.

Avoid sodium

Cook without added salt. Flavor foods with herbs, spices and lemon juice. Add little or no salt to food at the table. Since you are a role model for the children in your care, it is especially important that you limit the salt you add at the table as well. Limit your use of salty foods such as potato chips, pretzels, salted nuts, condiments, pickled foods, cured meats, some cheeses and some canned vegetables and soups. Read food labels carefully to determine the amount of sodium.

Common Nutritional Concerns

As an important period of growth and development, early childhood is a critical time to identify and control certain health problems related to nutrition. Conditions like allergies, extreme obesity, and failure-to-thrive may require the help from a nutritionist and physician. The number of hours you have a child in your care will determine the impact you can have on the child's behavior and health changes. As a family day care provider, working with the parent(s) will help insure maximum benefits for the child.

Overweight

Obesity increases the risk of high blood pressure in children. It may contribute to the development of diabetes and heart disease later in life. Obesity may lead to emotional and social problems; overweight children are often teased and psychologically abused by peers and adults. Such experiences may cause withdrawal, depression and poor self-esteem.

Since weight control for children is a matter of slowing down the rate of weight gain rather than losing pounds, calorie restricted diets are not advised. The lower the caloric intake the greater the chance that essential nutrients such as protein, vitamins and minerals will be inadequate for growth.

It is best for the parent to discuss the child's weight problem with a physician or nutritionist. However, there are positive steps that you, in cooperation with the parent and medical authorities, can take toward improving the child's weight and nutritional status.

1. Encourage the child to become involved in regular physical exercise. Substitute active games and outings for TV watching; include exercise as a group activity.
2. Serve fewer sweets, chips, and other high calorie, low nutrient foods. Trim excess fat from meats. Serve lower fat milk and milk products.
3. Encourage the child to eat only when hungry. Offering food to alleviate boredom or sadness promotes eating for emotional reasons which can lead to overeating.
4. Avoid ridiculing or nagging the overweight child; this can only make him or her feel confused and rejected.

The child's extended family in day care plays an important role in helping the child achieve success. Providing a nonjudgmental, supportive environment can make a world of difference.

Poor appetite

After the first year of growth, children settle into a slow growth pattern that may last several years. Their appetites usually decrease during these years. You may worry that a child will starve or become malnourished. But, most of the time, a child's decreased appetite at this stage of life is justified because the body needs less food for growth. One tablespoon of each food item for every year of the child's life provides a good rule of thumb when you are serving meals and snacks. If you are concerned, discuss the child's eating habits with the parents. You may want to ask the parent to check with the family physician to see if there is a medical reason for the decreased appetite.

If a child does not seem to eat much, you should be sure that what the child does eat is nutritious.

You can:

1. Offer nutritious snacks. Avoid letting the child fill up on low nutrient foods such as candy, cakes, chips, cookies, soda, presweetened drinks and punches.
2. Serve nutrient dense foods such as whole grain or enriched breads and cereals, lean meats and fresh fruits and vegetables.
3. Include two, but not more than three cups (eight ounces) of milk each day. Remember that an excess intake of milk may replace other foods.

Anemia

Iron deficiency anemia is a common health problem of young children. An anemic child may appear pale, tired and inattentive.

Common causes of this deficiency can be as simple as eating too few iron-rich foods or drinking too much milk (four or more cups per day). Lead toxicity causes a more serious situation. An anemic child is more likely to become lead poisoned. In this situation, a physician may prescribe supplemental iron.

As with any health problem, always discuss the situation with the parent. As a family day care provider, you may want to recommend that the parent contact their physician for advice and treatment if anemia is suspected.

Nutrition Programs for Family Day Care Providers

Child Care Food Program

The Child Care Food Program (CCFP) is available to help day care providers serve wholesome meals that meet children's nutritional needs. Any public or private nonprofit facility that is licensed or approved to care for children may participate in this program. The benefits of participating include receiving cash assistance, USDA donated foods and technical assistance.

To become eligible as a family day care provider, you must register with the local Child Care Food Program Sponsoring Organization (the Office for Children can provide the name of the local organization). To be reimbursed for food expenses, you must first register and obtain a license to operate a family day care home from the Office for Children. *This food reimbursement program provides up to two meals and a snack each day for no more than six children, regardless of the participating families' income.*

To receive CCFP funding, you must follow the required meal pattern, developed by the U.S. Department of Agriculture. It is based on the nutritional needs of young children.

The Child Care Food Program has a separate meal pattern for infants. If you are interested in more detailed information about infant care or preschool requirements, contact your regional office of the Massachusetts Department of Education, Bureau of School Nutrition Services. (See Chapter VI for the address.)

CCFP MEAL PATTERN

	Age 1–3	Age 3–6	Age 6–12
Breakfast			
Fluid milk	1/2 c.	3/4 c.	1 c.
Juice or fruit or vegetable	1/4 c.	1/2 c.	1/2 c.
Bread or bread alternate	1/2 sl.	1/2 sl.	1/2 sl.
Snack			
Fluid milk	1/2 c.	1/2 c.	1/2 c.
Juice or fruit or vegetable	1/2 c.	1/2 c.	3/4 c.
Meat or meat alternate	1/2 oz.	1/2 oz.	1/2 oz.
Bread or bread alternate	1/2 sl.	1/2 sl.	1/2 sl.
Lunch/Supper			
Fluid milk	1/2 c.	3/4 c.	3/4 c.
Meat or poultry	1 oz.	1 1/2 oz.	2 oz.
or fish or cheese	1 oz.	1 1/2 oz.	2 oz.
or egg	1	1	1
or cooked dry beans and peas	1/4 c.	3/8 c.	1/2 c.
or peanut butter	2 tbs.	3 tbs.	4 tbs.
Vegetables and/or fruits (2 or more varieties)	1/4 c. total	1/2 c. total	3/4 c. total
Bread or bread alternate	1/2 sl.	1/2 sl.	1/2 sl.

c. = cup
sl. = slice
oz. = ounce
tbs. = tablespoon

Nutrition Education

Nutrition education activities can be integrated easily into daily routines. Children can participate in mealtime activities such as simple food preparation, setting the table, serving, and cleaning up. Reading stories about good foods or visiting local farms and markets, are all part of the nutrition education effort. Keep parents up-to-date on your nutrition activities, so that children can share their experiences and extend these practices into their own homes.

In Massachusetts, we are fortunate to have a variety of nutrition education resources that provide free and inexpensive materials. They are described on page 92.

Good Eating Habits Start Early

Providing good food in the form of nutritionally balanced meals and snacks enhances a child's physical development, and offers opportunities for positive social and emotional growth. By making mealtime enjoyable, children are more likely to consume the nutrients they need. If you follow these suggestions, you can make mealtime a pleasant experience for children and yourself.

Provide a relaxing atmosphere

1. Plan a rest or quiet time before meals.
2. Because children are often slow eaters, allow plenty of time for meals (at least half an hour).
3. If a child is tired or excited, do not urge him or her to eat.
4. Do not use food as a punishment or a reward.

Provide the proper equipment

1. Select forks, spoons and dishes that are appropriate to the developmental abilities of your children.
2. Use sturdy, well-balanced chairs that are appropriate for the size of young children. Give special consideration to the needs of children with handicapping conditions.

Menu planning

1. Keep meals simple. Include enough variety to allow children to learn about different foods.
2. Provide a variety of textures (creamy, chewy, crunchy, crisp).
3. Use foods with a variety of colors to catch a child's interest.
4. Consider cultural and ethnic preferences.

5. Avoid extremes in food temperatures; serve hot foods after they have been cooled slightly, and cold foods with the chill removed.
6. Serve small portions. Allow children the freedom to choose a second helping.

Introduction of new foods

1. Offer new foods when a child is hungry and in good health.
2. Serve a new food at the same meal with a favorite food.
3. Serve small portions.
4. Compliment the child if s/he takes even one bite of the new food.
5. Do not show disappointment if the food is not eaten the first time.

Set a good example

1. Share mealtime with the children. If adults are seen enjoying a variety of foods, children will learn to enjoy them, too.
2. Conversely, children will learn to snack on empty calorie foods or skip meals, if they see adults do so.
3. Do not reward children for cleaning their plates. Children should decide how much they will eat.

Keeping Food Safe

Nearly two million cases of food related illness occur each year as a result of improper food handling in the home. Since the symptoms of bacterial food poisoning (fever, vomiting and diarrhea) are especially harmful to young children and infants, it is essential to avoid or minimize conditions which lead to food related illness.

By applying safe food handling practices to food purchasing, storage and preparation, you can control or eliminate potentially hazardous conditions. By following recommended food safety guidelines, you can prevent food related illnesses in your family day care setting.

In Massachusetts, local Health Departments are responsible for enforcing the state sanitary laws. They conduct inspections of restaurants and institutional kitchens, and issue permits as needed. Although it is not possible to include all of the rules that apply to food service in family day care, the following list will give you a brief summary of some of the most important regulations. Contact your town or city health department for answers to specific questions. Day care providers can refer to 105 CMR 590, 000: Massachusetts Sanitary Code, Chapter X for more complete information.

1. Food served must be wholesome and obtained from reliable sources. Do not use home canned or home preserved foods.

2. Food protection procedures require that you:

   - maintain proper temperatures; cold foods must be kept at or below 45°F; frozen foods at 0°F; milk and dairy products must be refrigerated at all times; thaw frozen foods in the refrigerator or by other approved methods which do not raise the food temperature above 45°F; **do not** thaw foods at room temperature.

   - Cook foods thoroughly; use a thermometer to check the internal temperature of cooked meat; heat stuffing and poultry to a minimum of 165°F; pork and pork products to a minimum of 170°F; reheat leftovers to at least 165 F before serving;

   - observe sanitary food handling procedures;

   - store poisonous materials outside the kitchen area.

3. Food handling equipment and utensils must be clean and in good repair.

   - You must have an adequate and safe supply of hot and cold water, and proper dishwashing facilities.

   - You must use approved cleaners and sanitizers at appropriate strengths and temperatures.

   - Do not re-use single service items such as disposable plates, cups, utensils and towels.

4. Handwashing, toilet and diapering facilities must be convenient, clean and properly maintained. Adequate soap, disposable towels and toilet paper must be supplied.

   - Keep the diaper changing area separate from the kitchen.

   - Wash your hands thoroughly before handling every food you are preparing, and after any interruption in food preparation: using a bathroom, changing diapers, coughing, sneezing, blowing your nose or a child's, or even touching any part of your body.

   - Do not use kitchen sinks for handwashing after toileting or diaper changing.

5. Insect and rodent control requires that:

   - dogs, cats and other pets not be permitted in the kitchen during food preparation and service;

   - insects, rodents and other pests be eliminated;

   - doors and windows are screened and protected to prevent insects and rodents from entering.

By incorporating these principles of sound nutrition and a safe clean environment, you can help establish healthful lifestyles for the children in your care.

Home Safety

As a day care provider, you are responsible for planning and maintaining a safe environment for the children in your care. According to the Office for Children, "Your home must be in good condition, free of clutter and maintained in a sanitary and hazard free condition."

Specific safety precautions will vary depending on the ages of the children in your care. Strive for a balance as you create an environment that is stimulating for children, yet safe.

A childproof environment protects children from injury. Childproofing is a continual process because children are constantly developing new skills which increase their mobility. As a family day care provider you will want to make sure that children can practice their new skills in a safe place. Creating a safe environment means:

1. removing hazards and installing safety devices;
2. creating reasonable rules when children are old enough to understand and follow them;
3. carefully supervising the children at all times;
4. preparing for an emergency.

Consider this fact: this year **one out of five** young children in Massachusetts will receive medical treatment in a hospital emergency room for an injury.

Safety Pointers

Try to identify all potential hazards present in a home. Be aware of ways children could possibly injure themselves. Use your common sense and:

- always know the whereabouts of children in your care;
- never leave children alone, even for a few minutes.
- do not let children use riding toys or walkers near stairs, porches, or pools;
- don't leave plastic bags or deflated or broken balloons lying around; a child can suffocate in them;
- never leave an infant unattended on a changing table;always keep a hand on the child;
- Do not use your gas or charcoal oven for heat; the fumes could be fatal;
- never allow infants to crawl around the kitchen while you are cooking;
- keep pot handles away from the front of the stove;
- place boiling pots on the back burners;
- keep hot foods and drinks away from the edge of tables and counters; don't leave them on a tablecloth that could be grabbed by a child;
- always test a child's heated food — especially bottles; remember that food heated in a microwave oven could be dangerously hot;
- never leave children under 2 years alone in a bath tub or near any container of water as they can drown in as little as an inch of water.
- check on a sleeping child at least every 15 minutes; do not allow infants or toddlers to nap on a waterbed, adult bed, thick rug, or bear rug.

The safety information presented in this section has been adapted from the Statewide Comprehensive Injury Prevention Program (SCIPP), developed by the Massachusetts Department of Public Health. Refer to the SCIPP handouts included with your manual for more information.

Child Safety Measures

Use care as you view your home for potential safety hazards. Inspect every inch of space that children will use with a critical eye. Answer the questions listed in the *Home Safety Checklist* shown on pages 43 through 45, and take corrective action if necessary. Get down on your hands and knees and crawl around to get an idea of how a child sees your home. Note potential hazards such as a draped tablecloth that can be tugged or electrical cords that can be chewed on or pulled. The Office for Children specifies the following:

"You must childproof **all** rooms accessible to day care children in order to prevent a child from gaining access to hazardous materials. You may feel you can prevent access by supervising children...**This is not acceptable** as a child proofing measure."

Emergency Situations

No matter how attentive you are as a family day care provider, emergencies can occur. Planning ahead will help you respond quickly when help is needed.

Your First Aid Kit

Check the contents of your first aid kit. In most instances, the following list of items should meet your needs in the event of a minor accident or emergency situation:

- quick reference first aid manual
- eye dressing
- bandaids
- thermometer
- scissors
- sealed package of cleaning wipes
- cold pack or plastic bag for ice cubes
- tweezers
- bandage tape
- sterile gauze pads
- safety pins
- disposable latex gloves
- gauze bandages
- flexible roller gauze
- triangular bandages
- pen/pencil and note pad
- coins for use in a pay phone
- clean cloth
- soap
- flashlight with fresh batteries
- three-ounce rubber bulb syringe
- syrup of ipecac
- small splints
- small plastic cup

If a child in your care has a special health need, you will want to include additional supplies that can be used with the consent of parents and physicians. For example, you may need sugar or honey for a child with diabetes, or an inhaler for a child with asthma.

If you take field trips away from your family day care home, bring your first aid kit with you. A portable kit such as a lunch box works well.

Responding to an Emergency Situation

Think about all the possible emergencies that could take place inside or outside your home and how you would handle each one. For instance, how would you evacuate your home in the event of a fire? What steps would you take if there was a poisoning? How would you keep the children in your care calm? When would you need to enlist another adults' support? How quickly would you be able to contact the parents?

You should have a plan for medical emergencies and have at least two people (nearby friends, neighbors or relatives) who you could call for child care assistance in the event of an emergency.

As a family day care provider, you should also have a plan approved by the Office for Children for the evacuation of young children from the home in case of fire or a natural disaster. Practice it monthly.

Given an actual emergency situation, follow the *Recommended Family Day Care Emergency Procedure* shown on page 46.

Supplement Your First Aid Knowledge

Review and/or post in your home the State-wide Comprehensive Injury Protection Program (SCIPP) Safety Charts that are included as handouts with this manual. Emergency information is provided on what to do in the event of a fire, choking incident, poisoning or scalding.

Keep a reference book on emergencies on hand and review it periodically (some excellent books are noted in Chapter V). Check with your local hospital, child care resource and referral agenciess or Red Cross for first aid courses. Remember, the more you know, the better prepared you will be if an emergency occurs.

Home Safety Checklist

	YES	NO	Comments	Corrective Action Taken
General:				
Are child proof safety latches attached to cabinets and drawers within children's reach?				
Are emergency numbers posted next to the phone for quick reference?				
Have you prepared a first aid kit for emergency use and stored it in a child proof cabinet? Do you have a portable kit for outdoors and/ or field trips?				
Is there a working flashlight on the premises?				
Are safety gates installed at the bottom and top of stairways and porches?				
Are handle rails on stairs sturdy?				
Have you replaced or repaired any worn out carpets to keep children and others from tripping?				
Are area or throw rugs secured to the floor to prevent slipping?				
Are there guards on windows or do you open from the top only? *(Screens alone will not keep children from falling out of windows).*				

	YES	NO	Comments	Corrective Action Taken
Are all accessible unused electrical outlets protected with safety covers?				
Does your heating source meet legal requirements? *(The fumes of kerosene heaters may be deadly and they are illegal for indoor use in Massachusetts. All wood burning stoves must be properly vented, and barricaded to prevent access by children. Portable space heaters are prohibited).*				
Are the smoke detectors in your home properly placed, in working order, and checked monthly?				
Have household pets had appropriate shots?				
Have doors been removed from unused refrigerators and freezers?				
Are any large glass doors in your home marked with decals or identified in other ways so that children will notice the glass?				

	YES	NO	Comments	Corrective Action Taken
Do you keep any firearms or guns unloaded in a locked cabinet well away from the sight and reach of children? Is ammunition stored in a separate locked place?				
Is your home free of lead paint? *(If there is lead paint, contact the Office for Children for information on lead paint removal or call the lead poisoning prevention program at 1-800-532-9571).*				
Are stairs and exists free of obstacles?				
Are small objects that can be swallowed, such as paper clips, pens, staples, pennies and buttons, out of the reach of children?				
Kitchen Area:				
Have gas stoves and microwaves been checked for leakage?				
Are there safety knobs on stove burner controls?				
Are cords to appliances safely out of reach of children so they cannot be pulled?				
Is there a fire extinguisher conveniently located?				

	YES	NO	Comments	Corrective Action Taken
Are household cleaners stored out of reach in a childproof cabinet?				
Are telephone emergency numbers, including your own number and address, posted near the phone?				
Bathroom Area:				
Are cosmetics, hair dryers, razor blades, scissors and other dangerous items out of the reach of children?				
Do all medicines have their childproof caps on securely? Are they locked away?				
Are bathroom cleaning supplies stored in a child proof closet, out of children's reach and sight?				
Has your hot tap water been tested recently? *(You can let it run for 3 minutes and test with a meat, candy, or water thermometer. Lower the temperature of your hot water heater if necessary to prevent scalds. You may be able to lower it yourself; or you may need to seek help from a utility person or your landlord. Massachusetts laws requires hot water to measure between 110-130°F.*				

	YES	NO	Comments	Corrective Action Taken
It is strongly recommended that your hot water temperature be 120°F or lower).				
Have you removed all containers of standing water?				
Are toilet bowls covered? *(Toilet locks or "velcro" locks can be purchased to keep covers down. Young children have been known to fall in head first).*				
Sleeping Area:				
Is the paint on crib and other furniture lead free?				
Check the baby crib. Is it sturdy? Are all parts, such as nuts and bolts, present and securely fastened? *(Do not use a crib that is missing pieces; it could collapse or tip).*				
Does the mattress fit the crib snugly? *(If the space between the mattress and the crib is more than two adult fingers, the mattress is too small. A baby could possibly suffocate if s/he rolls into this space).*				
Are the spaces between crib slats less than 2 3/8 inches?				

	YES	NO	Comments	Corrective Action Taken
Are the crib rails high enough to cover at least three quarters of a standing child. *(If they are less, the crib should not be used.)*				
Have you removed all pillows or large stuffed toys from the crib to prevent suffocation?				
Outdoor Area:				
If outdoor play space is located on a busy street is this area fenced in?				
Are outside porches fully enclosed and structurally sound?				
Has all yard debris been removed?				
If you have a swimming pool have you taken precautions to prevent access by children unless they are supervised?				
Is the ground beneath playground equipment on an impact-absorbent surface?				
Is the sandbox covered when not in use? Do you empty the wading pool after every use and rainfall?				
Is all outdoor equipment positioned away from fences, buildings, trees and pathways?				

Recommended Family Day Care Emergency Procedure

1. REMAIN CALM. Reassure the injured child and other children in your care.
2. IF NECESSARY PHONE FOR HELP. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, wait for the other party to hang up first. Arrange for transportation of the injured child by ambulance or other such vehicle, if necessary. Do not drive unless accompanied by another adult. Bring your *Emergency Transportation Permission Form** with you.
3. STAY AT THE SCENE. Comfort the injured child until the person called to handle the emergency arrives.
4. DO NOT MOVE A SEVERELY INJURED OR ILL CHILD. Except in a life threatening situation, moving the child could result in even more serious problems.
5. DO NOT GIVE ASPIRIN OR OTHER MEDICATIONS. Medications should only be given if authorized by the Poison Control Center or physician and if you have written parental permission.*
6. NOTIFY THE PARENT(S). As soon as possible notify the child's parents to alert them to the emergency situation and agree on a course of action. If the parent(s) cannot be reached, notify the parent(s) emergency contact person and call the physician shown on the child's *Emergency Transportation Permission Form.**
7. STAY WITH THE CHILD UNTIL THE PARENTS TAKE CHARGE. You or another responsible individual should stay with the injured child until the parent(s) arrive.
8. FILL OUT AN INJURY REPORT FORM.* Within 24 hours fill out this form. Copies should be given to the parents and your local Office For Children. Also place a copy in the child's folder.

* Sample blank forms can be found in the Appendix.

Adapted from Massachusetts Department of Public Health, *Health in Day Care: A Guide for Day Care Providers in MA*, 1988.

Good Health Practices

During the preschool years, children form habits and attitudes which can last a lifetime. Health activities should fit into the natural flow of your program. Health awareness should be an ongoing process throughout the year. Routines such as brushing teeth, handwashing, careful handling of food and good nutrition should happen every day.

Maintaining Health Records

Massachusetts Office For Children regulations require you to maintain up-to-date (at least yearly) health records as part of each child's file. You should include the following:

1. a statement of the child's health signed by a physician or health care clinic; the form should include a lead screening test result;
2. a certificate of immunization: this should show that the child has been immunized according to Massachusetts Department of Public Health recommendations. Refer to *Immunizations Required For Day Care Children* on page 48 and the *Certificate of Immunization* located in the *Appendix;*
3. name, address and telephone number of the child's doctor or health care provider;
4. written recommendations for the specialized care of a child with a disability or other special need;
5. a written log of all prescription medication given; include the time and the date of each administration, the name of the medication and the name of the child; refer to the *Medication Form and Log* in the *Appendix;* you must obtain written authorization from the child's physician before giving prescription medication to a child; the prescription label on the bottle is adequate when it includes the child's name; you need written permission from the parent for all medication given to a child;
6. an emergency transportation form (see sample *Medical Emergency Treatment* form in the *Appendix*) completed by the parent; this form gives you permission to transport a child to the hospital in an emergency situation when the parent cannot be reached.

This is a summary. You should consult OFC regulations for specific details on exceptions to these requirements when they conflict with religious beliefs, or when the child's physician states that they are contraindicated.

Immunizations Required for Day Care Children

Immunizations are administered according to a schedule. To assist you in determining which immunizations are needed, the following chart was developed.

IF A CHILD IS THIS AGE:	S/HE SHOULD HAVE RECEIVED:
2-4 months	1 DTP, 1 Polio
4-6 months	2 DTP, 2 Polio
6-15 months	3 DTP, 2 Polio
15-18 months	3 DTP, 2 Polio, MMR
18-33 months	HIB
18 months-Kindergarten	4 DTP, 3 Polio, MMR

CODE:

DTP: Diptheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed

Td: Tetanus and Diptheria Toxoids Adsorbed (for age 7 and older)

Polio: Trivalent Oral Polio Vaccine

MMR: Measles, Mumps, Rubella

HIB: Haemophilus Influenzae Type B

Measles, Mumps and Rubella (MMR): One dose of MMR vaccine should be administered to children 15 months of age. However, the child does not need to be reimmunized if s/he immunized on or after the first birthday.

Children whose schedule has been interrupted and are in the process of being immunized (i.e. awaiting the next DTP or polio dose and in the waiting period between doses) may remain in day care centers until the next dose is due. Those who exceed the specified interval must be excluded.

Source: Massachusetts Department of Public Health

Health Care

Encourage parents to schedule regular health care visits for their child. Such care should include vision, hearing, developmental motor, language, cognitive and lead poisoning screenings.

Because the children spend many hours with you, your observations are important. You may be the first to notice signs, changes or delays. Observe each child's health and development and record your findings in each child's file. Confidentiality is essential.

Bring any concerns regarding a child's health or development to the parent's attention so that the concern may be addressed by the child's health care provider. To avoid a defensive or angry reaction on the part of the parents, let them know that you have the child's best interests at heart, in a non-threatening way. You might say something like, "I've noticed that Michelle seems to have trouble seeing from a distance...Have you noticed that as well?"

Cleanliness

Handwashing

Handwashing is the first line of defense against the spread of infectious disease. Let the children see you wash your hands frequently. Hands should be washed before eating, handling food, or feeding a child. Wash hands **after** cleaning, toileting, diapering, or handling body fluids such as mucus or vomit. After coughing, sneezing, wiping noses, or handling soiled clothing.

Teach children how to wash hands properly. Wash the hands of children who are too small to perform the task for themselves. Use liquid soap, running water, and individual paper towels. (See *Handwashing Procedures* on page 51. Also refer to the *How To Wash Your Hands* poster, included as a handout in this manual. It illustrates and describes proper handwashing technique. Post a copy of the poster above each sink as a reminder to everyone to wash hands often and correctly.

Use disposable wet wipes with an alcohol base only when handwashing is impossible. Use a different wipe for each child or take a spray bottle of soapy water and a roll of paper towels.

Handling Contaminated Items

Contact with heavily soiled materials such as tissues, toilet paper, soiled diapers, bandages and soiled clothing encourages the spread of disease. These rules should be followed.

1. Be sure that as few people as possible handle soiled items and that clean-up and diapering areas are completely separated from food handling areas.
2. Wash hands immediately after contact.
3. Do not rinse or wash soiled cloth diapers or clothing (the one exception is a solid bowel movement which may be disposed of in the toilet). Place these items in a sealed, plastic bag out of children's reach. Ask the parent to take items home for laundering.
4. Line diaper pails with plastic bags and keep them covered. A step can is ideal.

Sanitizing Guidelines

Routine cleaning and sanitizing of the day care area and equipment is another line of defense against the spread of infectious disease. You do not need to buy commercially sold disinfectants for sanitizing. You may use one of the following solutions as recommended.

Standard Bleach solution of 1 tablespoon bleach to 1 quart water

The standard bleach solution may be used in a spray bottle for routine sanitizing of your diaper changing surface, potty chairs, table tops, toys, and eating utensils after they have been thoroughly cleaned with soap and water.

Strong Bleach Solution of 1 part bleach to 10 parts water

The strong bleach solution should be used for:

1. Blood spills or blood soiled items.
2. Large amounts of vomit or bowel matter or other body fluids.

You must make a fresh bleach solution each day because bleach loses its effectiveness as it is exposed to air.

Keep in mind that routine use of the strong bleach solution may gradually wear away some surfaces.

5. Wash all mouthed toys at least once a day with soap and water and spray with a dilute bleach solution (see Sanitizing). You may also put mouthed toys into the dishwasher if they are dishwasher safe for cleaning.

6. Wash and disinfect eating and toileting surfaces after each use.

Dental Health

Brushing teeth after lunch and snacks has the double benefit of cleaning teeth and teaching children good habits. Include time for the care of teeth in your daily schedule.

1. Each child must have his or her own toothbrush, labeled by name, which must never be shared.

2. Toothbrushes should be stored so that they stay clean and open to air. Store them bristle side up, in a way that prevents them from touching each other or other surfaces.

3. Replace toothbrushes every three or four months or as needed; bent bristles do not clean well.

4. Use only a small amount of toothpaste (the size of a pea) and instruct children to spit it out. Restrict the use of fluoride toothpaste to children who will not swallow it.

5. Teach children proper brushing technique. Get help from a dentist or hygienist if needed.

6. Serve foods that promote dental health and call attention to them out loud. You might say, "Today we are drinking milk because milk will help us to build strong, healthy teeth."

Handwashing Procedure

ADULTS

Turn on the water to comfortable temperature. Check that a disposable towel is available.

Moisten hands with water and apply a heavy lather of liquid soap.

Wash well under running water for approximately 15 seconds; pay particular attention to areas between fingers, around nail beds, under fingernails, and backs of hands.

Rinse well under running water for 30 seconds. Hold hands so that the direction of the water flow is from wrist to fingertips.

Dry hands with a paper towel.

Use the paper towel to turn off faucet, and discard.

Have hand lotion available.

INFANTS/TODDLERS

Wipe hands with a damp towel moistened with a liquid soap solution.

Wipe hands with a towel moistened with clear water.

Dry hands with a paper towel.

Turn off faucet with the paper towel, and discard.

OLDER CHILDREN

Squirt a drop of liquid soap on children's hands.

Wash and rinse their hands in running water directing flow from wrist to fingertips.

Dry hands with a paper towel.

Turn off faucet with the paper towel and discard.

Teach older children to carry out this procedure themselves and supervise.

Source: Massachusetts Department of Public Health

Some important facts about sugar and teeth

1. Natural sugars such as maple syrup and honey are just as harmful to teeth as refined sugars.
2. Sticky sweets (such as caramel) are particularly harmful because they remain on the teeth longer than other sweets.
3. Eating a sweet all at once is better than lingering over something like a lollipop or popping small candies over a prolonged period.
4. Frequent snacking is not a good idea because the teeth are attacked by the decay process throughout the day.
5. Even sweet fruits, such as raisins and dates, should be eaten with a meal because they are sticky and very high in natural sugar.
6. Never put a baby to bed with a bottle of milk, formula, sweetened liquids, or fruit juices. The sugars in all of these liquids stay on the teeth for a long time and cause serious decay called "nursing bottle mouth."
7. Never reward good behavior with candy or other sweets.

Fluoridation of public water supplies is the single most effective method of preventing tooth decay. When children have fluoride in their drinking water or supplements from birth, tooth decay is reduced 50 to 70 percent! In communities that are not fluoridated, or do not have a community water supply, fluoride supplements are the most suitable way to reduce tooth decay in preschool children. Where water is not fluoridated, parents should ask their child's health provider about a fluoride supplement. After two years, 25 to 35 percent of the decay could be reduced.

The Division of Dental Health of the Massachusetts Department of Public Health has a preschool fluoride program. Contact them at (617) 727-0732 for more information on fluoride and the prevention of tooth decay.

Educating Parents About Lead Poisoning.

Office For Children regulations require you to inform parents of children in your care of the dangers of lead poisoning, and the new state law requiring that parents have their children tested for lead poisoning.

Lead poisoning is the damage caused by too much lead in the body. Even amounts of lead too small to cause symptoms can interfere with a child's learning and behavior. Large amounts may cause serious damage to the brain, kidneys, nervous system and red blood cells.

Young children are at greatest risk for lead poisoning because of their natural curiosity and hand-to-mouth activity. They are exposed to many sources of lead in their normal environment and absorb a high proportion of the lead to which they are exposed, especially if their diets lack adequate iron and calcium.

Children become lead-poisoned from eating, chewing or sucking on lead painted surfaces or items coated with lead dust, or playing in soil containing lead. Children touching things with sticky fingers are likely to pick up the contaminated dust or material.

While most paints sold since the mid-1970's have not contained lead, many older homes and public buildings still have layers of lead-based paint. Typical sources include railings, window wells and sills, door sills, toys, furniture and jewelry.

Soil is often overlooked as a source of lead. Soil can become contaminated by paint which has weathered or been scraped or sanded off buildings. Lead can also accumulate in soil from the exhaust residue of cars using leaded gasoline. Lead is most highly concentrated in house dust and in soil within three feet of a building or in areas close to busy streets, parking lots and driveways.

Dust and fumes created by home renovation and sand blasting are also important lead sources. Adults working in lead-related jobs and crafts can also contribute to a child's exposure by bringing home lead dust on their clothes, hands and hair.

Most children who are lead-poisoned show no symptoms. Early symptoms such as headache, stomachache, tiredness, fussiness and poor appetite are vague and can easily be mistaken for a viral infection, teething or stress. A blood test is currently the only way to find out if a child is lead-poisoned.

Lead Screening Test

The blood screening test is a simple "fingerstick" which collects a small amount of blood. All children between the ages of nine months and six years should receive this test yearly. Children between nine months and three years who live in high-risk areas should be tested every six months.

Because lead levels tend to rise in the summer, a screening test should be done during the warm weather months, May through October. Most doctors will screen children for lead. Many Boards of Health also provide screening tests, usually at no cost. Encourage parents to include lead screening as a regular part of their child's health care.

Parents and day care providers can actively work to protect children from lead poisoning by taking the following steps.

1. Comply fully and promptly with all local and state regulations regarding lead testing and removal.
2. Have soil tested. Contact your county Cooperative Extension Office for information.
3. Never let children dig in contaminated soil.
4. Remove or cover contaminated soil.
5. Plant bushes that will discourage play within three feet of the buildings.
6. Plan garden and play areas away from painted structures and busy roads.

7. Install a fence or bushes as a barrier between busy streets and play areas and gardens.
8. Provide a diet rich in iron and calcium and low in fat.
9. Clean hands frequently, especially before preparing food or eating and after touching pets or shoes, gardening, playing in dirt or crawling.
10. Wet-mop floors, window wells and sills frequently with a high phosphate detergent. Store the detergent out of reach since phosphates are poisonous to children.
11. Provide clean teething toys to discourage chewing on railings, painted items and paper products.
12. Teach children to throw away food that falls on the floor.
13. Keep indoor toys inside and outdoor toys outside.

Fresh Air and Space

Infections pass more quickly from one child to another when children are confined in small spaces. Open space and good ventilation decrease the opportunity for germs to pass among children.

The biggest space available is the outdoors. Children should play outside every day of the year except in cases of extreme cold weather or rain. Outdoor play is healthy on many levels. It provides:

1. open space to decrease the spread of infections;
2. a variety of opportunities for good motor development;
3. opportunities for heart exercise such as running, jumping, walking and riding a tricycle;
4. a release for children with particularly high energy levels.

Rest Is Necessary for Health

Naps and quiet times are important parts of each child's day. Some child-ren get overly tired and fight sleep when they need it very much. Others seem to have no difficulty taking care of their own needs by stretching out on a couch or playing quietly alone. Parents can advise you about a child's need for rest or sleep.

Set the stage for rest. Children need to understand what is expected of them during nap time. Prepare a room by removing tempting play items. Children under the age of seven can nap safely in an individual bed, sofa, cot, crib, pad, mat, or playpen, with clean coverings. Family beds may be used if clean covering is provided. Help children relax by singing softly as you tuck them in. Be sure children know what you will be doing or what room you will be in while they are sleeping.

For all children under fifteen months, and those over fifteen months that need them, you must provide an individual crib, port-a-crib or playpen. Slats on cribs should be no more than two and three eighths inches apart. Do not allow children under six months to use pillows.

Remember that children require differing amounts of sleep. Those who take short naps should not be left in bed for long periods waiting for others to awake. Such children can be put to bed last and allowed to rise first. A child's need for sleep and rest will change as s/he grows and may occasionally be affected by excitement, worry, or changes in routine. A sleeping child must be checked every fifteen minutes.

Liquids Are Important

Be sure that children are getting enough water and other fluids. Often children get involved in activities and forget to take time to drink. Help children remember to drink some water or fruit juice every few hours.

The body loses water through urination, perspiration and even breathing. All of these losses must be replaced. Thirst is not the safest or surest guide to the amount of fluid needed. Physical activity, hot weather, and illness increase the body's need for water.

Diapering

At diapering time, you have a chance to pay individual attention to a child. It is a time to show extra caring and support. Take precautions against the spread of infectious disease by following instructions in the *How to Change a Diaper* poster included as a handout in this manual. Post a copy of this poster in the diaper changing area as a reminder.

Toilet Training

Toileting is one of the most basic needs of young children. The process of teaching children about using the toilet should be a positive one.

You and the parents should decide together when a child is ready to begin toilet training. Usually children are not ready until two or three years of age. Look for the following landmarks which indicate that a child is ready:

Muscle control

A child must be able to work muscles at will, being able to squeeze the rectal sphincter and stomach muscles at the same time.

Communication

A child must be able to tell you with words or gestures that s/he needs the toilet.

Desire

Children have a natural desire to please those they love and trust. They also have a strong desire to imitate. A child will eventually become uncomfortable in diapers and may want to wear underwear instead. Never force a child to sit on a toilet or potty chair. When a child is ready to begin toilet training, work with the parents. Different approaches in the home and day care home are confusing and upsetting. Develop a plan together that will be consistent and manage-able in both settings.

Things will go more smoothly if you:

1. choose clothing that is easy to remove;
2. use the equipment that will make the child feel secure;
3. suggest that the child use the bathroom regularly;
4. ask the child to stay on the toilet one to five minutes unless s/he is upset;
5. give the child lots of positive feedback and encouragement every time s/he successfully uses the toilet.

Using a step stool and a child-size toilet seat is as comfortable as a potty chair, and more sanitary. If a potty chair is used, you must wash and sanitize it with bleach solution after each use; you must then sanitize the sink. You can avoid a lot of work and reduce the risk of spreading illness by using the adult toilet with a step stool and child size toilet seat.

Childhood Illness

There will always be times when children become sick while in your care. At other times you will know a child is sick, or recovering from an illness. To decide whether to keep the child in your care, consider:

1. the needs of the ill child (physical and emotional);
2. the needs of the other children;
3. your ability to care for all the other children.

Contrary to popular belief and practice, there are very few illnesses for which children need to be excluded from day care. Meningitis, Hibe Disease, diarrhea with other symptoms, vomiting, Chicken Pox and Hepatitis A are diseases which require at least temporary exclusion of children from day care. Colds, ear infections, and non-contagious diarrhea (from allergies, food reactions, or medications) do *not* require exclusion.

Certain conditions such as strep throat, conjunctivitis (pink eye), impetigo, tuberculosis, ringworm, parasites, head lice and scabies are not contagious after receiving treatment for a brief period of time. The time between initiation of treatment and the child's return to day care will vary with the disease.

Seek advice from a physician or health care clinic if you are uncertain about a child's inclusion in day care.

Establish a Clear Policy on Illness

You should establish a policy that clearly states the conditions under which you are willing to provide care for a sick child in your family day care home and when a child will be excluded from care. Discuss options available for sick care with the parents before enrollment. Be sure the parent understands your policy. Have the parents sign a statement to indicate that they have read your policy and accept it. Ask the parent to set up a plan for alternate care of a sick child should it become necessary.

Care of the Mildly Ill Child

Children can become ill suddenly with no previous signs of illness. There are times when you will probably be providing at least temporary care until someone can arrive to pick up the sick child.

If a child appears mildly ill, encourage rest and assess the situation. You are not expected to, and should not, diagnose illness. Watch the child carefully for signs or symptoms. Office for Children regulations require you to notify the parent or emergency contact when a child becomes ill. OFC also requires that you provide special care to a sick child until the parent arrives, such as a comfortable bed in a quiet area within easy calling distance of the provider.

Recording and Reporting Symptoms

When a child in your care is or becomes ill, record the following, being as descriptive as possible:

1. all symptoms such as sneezing, coughing, drowsiness, irritability, vomiting, rash;
2. when symptoms began and how long they lasted;
3. the amount and frequency of symptoms such as vomiting or diarrhea;
4. behavior changes;
5. temperature;
6. any other notable observations.

When reporting symptoms to a parent or physician be as specific as possible. It is more helpful to say, "Brad began with a frequent, dry cough at about 10:00 am. At noon small, red dots appeared on his arms and legs. He has been unusually quiet. His temperature registers 103 degrees orally (by mouth)". Then say, "Brad seems sick."

When a child is ill, the parent or physician will want to know if the child has a fever. Follow the *Instructions For Taking A Child's Temperature* on page 38.

Keep in mind that children who *do* have serious infections act sick and may present one or more of the following symptoms:

1. unusual drowsiness or excessive sleep;
2. loss of alertness;
3. labored (fast or different) breathing;
4. changes in appearance;
5. refusal to eat or drink;
6. irritability;
7. complaints about pain; excessive crying.

If you suspect that a child is seriously ill, seek immediate medical advice.

Giving Medication

The Office for Children requires that you have written permission from the parents before any medication can be administered (see the *Sample Medication Form and Log* in the *Appendix*). When you do give medication, follow the *Guidelines for Administering Medications* on page 60. Be sure to record each administration in the child's file.

Instructions for Taking A Child's Temperature

Preparation:

Shake the thermometer until the mercury line is below 95-96°F. To avoid breakage, shake over something soft, or use an electronic digital thermometer. Do not use fever strips; they are inaccurate.

Where to Take the Temperature:

1. In children under five years of age; use an axillary (armpit) temperature for screening; if axillary temperature is over 99°F (37.2°C), check with a rectal temperature.
2. In children over five years of age: use an oral temperature.

Taking Axillary (Armpit) Temperatures:

1. Place the tip of the thermometer in a dry armpit.
2. Close the armpit by holding the elbow against the chest for five minutes.
3. If you're uncertain about the result, recheck it with a rectal temperature. Axillary temperatures may not be reliable. Use for screening purposes only.

Taking Rectal Temperatures:

1. Have the child lie stomach down on your lap.
2. Lubricate the end of the thermometer and the child's anal opening with petroleum jelly.
3. Carefully insert the thermometer about 1" (25.4 mm) but never force it.
4. Hold the child still while the thermometer is in and press the buttocks together.
5. Leave the thermometer inside the rectum for three minutes.

Taking Oral Temperatures—use only with the older preschool child:

1. Be sure the child has not drunk a very cold or very hot drink recently.
2. Place the thermometer tip under the right side of the tongue.
3. Have the child hold the thermometer in place with the lips and fingers (not the teeth).
4. Have the child breathe through the nose with the mouth closed.
5. Leave the thermometer inside the mouth for 3 minutes.
6. If the child can't keep the mouth closed because the nose is blocked, take an axillary temperature.

Reading the Mercury Thermometer:

Determine where the mercury line ends by turning the thermometer slightly until the line appears. If this is difficult for you, practice.

Cleaning the Mercury Thermometer:

1. Wash the thermometer with cold water and soap since hot water will crack the glass or break the thermometer. Mercury is poisonous and can be absorbed through the skin. If the thermometer cracks or breaks, throw it away; do not allow children to touch the mercury.
2. Rinse the thermometer with cold water.
3. Dry and wipe it with rubbing alcohol.
4. Immerse it in a bleach solution of one part bleach and ten parts water, and allow to air dry.
5. Shake down the thermometer and put it back into its case.

Source: *Health In Day Care: A Guide For Day Care Providers In Massachusetts.* Massachusetts Department of Public Health, 1988.

Guidelines for Administering Medications

- Prescription medications should not be administered to the child without the written order of a physician which indicates that the medication is for that child.
- No medication, whether prescription or nonprescription, should be administered to a child without written parental authorization.
- Maintain a written record of the administration of prescribed medication to children which includes the item and date of each administration, and the name of the child.
- All medicine should be labeled with the child's name, the name of the drug and the directions for its administration. Any unused medication should be disposed of or returned to the parent(s).
- When parents are having a prescription filled, have them ask the pharmacist to give them a small extra labeled bottle to bring to day care.
- Keep a medicine log sheet posted in the spot where you give the medicine to the child (e.g. on your refrigerator) so you won't forget to write down the exact time and date. Put this in the child's folder after the course of medication ends.
- Be sure you have very specific instructions about how the medicine should be given (e.g., before or after meals, with a full glass of water after the medication, tilting head, etc.). Most prescription labels do not have this information.
- Learn the possible side effects of the medication and inform the parent immediately if you observe any effects. Do not give more medication without the approval of the parent or the child's physician.
- Always read what the label says about the storage; some drugs need to be refrigerated.
- ALWAYS READ THE LABEL CAREFULLY BEFORE YOU GIVE ANY MEDICINE; BOTTLES OFTEN LOOK THE SAME. Be sure that the child's name is on that bottle, since several children may be taking the same medicine. As an extra precaution, some providers put medication in a bag labeled with the child's name in large letters.
- Keep medicines in a locked cabinet or out of reach of children. (Don't forget medicines in the refrigerator).
- Be sure you do not leave medicine out when you answer the telephone or leave the room. Put it away first, or take it with you. A child can take an overdose in seconds.
- Never refer to medicine as candy. Children may try to get more of it when unsupervised.

Source: *Health in Day Care: A Guide For Day Care Providers in Massachusetts*, Massachusetts Department of Public Health, 1988.

Preventing Illness

Infectious Diseases

Infectious diseases are illnesses caused by viruses, bacteria, fungi or parasites. Contagious or communicable diseases are infectious diseases that can be spread from one person to another.

The germs that cause infectious and contagious diseases are spread in four ways:

1. through the intestinal tract as with infectious diarrhea, pinworms and Hepatitis A;
2. through the respiratory tract via secretions or fluids from the eyes, nose, mouth and lungs as with colds, Roseola, Influenza, strep throat, scarlet fever, and chicken pox;
3. through direct contact via touching as with Impetigo, Ringworm, Conjunctivitis (pink eye), scabies and head lice;
4. through blood contact as with AIDS and Hepatitis B.

Infectious diseases are spread by people who do not feel or act sick. Body secretions from these people get into the air and food, and onto surfaces, where they are breathed, eaten or touched by others. The following rules will help to control the spread of infectious illness:

1. Teach children how to sneeze or cough correctly: cover the nose or mouth with lots of tissues, and wash hands, or turn away from people and cough into the air. Throw tissues in a lined, covered trash can.
2. Follow the procedures for handwashing, sanitizing, diapering and handling soiled items outlined previously.
3. Do not allow children to share personal items or food.

The germs which cause infectious illness thrive in wet, warm and stuffy environments. Germs have difficulty growing in clean, dry environments where there is a lot of fresh air. To prevent the spread of illness take these four steps.

1. Air your home out daily.
2. Allow children to play outside each day.
3. Allow sufficient space between cots, cribs and furniture.
4. Clean with soap and water, and disinfect using the correct bleach solution (see pg. 50). Send blankets and other personal items home to be washed at least once a week.

Office for Children regulations require you to notify parents as soon as possible whenever a communicable disease is introduced into the day care home. Some diseases should also be reported to your local Board of Health. Contact your local Board of Health for further information.

When notifying parents of exposure to disease or discussing other health matters, always be sensitive to their feelings and remember to respect their privacy and confidentiality.

Diseases Requiring Vaccines

Measles, Mumps, Rubella, Polio, Diptheria, Tetanus and Pertussis can be prevented by immunization. All children in your care must be immunized before enrollment. Ask the parent to provide a certificate of immunization. Refer to *Immunizations Required For Day Care Children* on page 48. There is one exception to this rule: The provider shall not require the parent to show a physician's statement if the parents object to medical treatment due to religious beliefs. In this case, the parents must put their refusal to secure immunications and/or other medical treatment in writing for your files.

Child Abuse Prevention and Reporting

As a family day care provider you are mandated by law to report any suspicion of child abuse or neglect. Failure to report could result in a fine of up to one thousand dollars. If you suspect a child in your care is being abused or neglected, you must immediately call the nearest Department of Social Services (DSS) area office. Refer to the *Where to Report Abuse or Neglect* list in the *Resource Guide* in Chapter V. A report of suspected child abuse or neglect is called a *51-A*.

When you make the call, the Department of Social Services will ask for basic information: the name, sex, age, and address of the child; names and addresses of the child's parents; primary language spoken in the home; type of injury and the degree of severity; and how you know the child and/or family. With the information that you provide, the Department will determine whether the child is in **immediate danger** of losing his or her life, or of further abuse or neglect. Refer to *Making a Report of Child Abuse or Neglect* chart on page 59 for a list of the information you should provide.

If it is determined that there is an immediate danger to the child, DSS, by law, must send an investigation worker out to see the child within 24 hours. The worker will determine whether or not the child, or any other children in the home, should be removed immediately for his or her protection. If the Department determines from your call that the child is not in immediate danger, the worker will have ten calendar days to investigate the situation and make a recommendation. It is essential that you provide as much information as you can to help DSS determine whether or not the child is in immediate danger. Making a report of suspected child abuse or neglect in good faith protects you from any civil or criminal action; a family cannot sue you if you report suspected abuse which is not documented by DSS. The Department will make every attempt to keep your report anonymous; anyone responsible for inappropriately giving out any information contained in the report can be fined up to one thousand dollars and put in prison for up to two and one half years. However, you should be aware that many families realize who made the report. You need to be prepared to talk with the family should they ask you about the situation. Simply state your concern for them, and the child, and your desire to help them; this should help decrease some of the tension.

After your initial contact with DSS, the Department will send you a written report to fill out. This must be completed within 48 hours of your call to DSS. Within 60 days, DSS should notify you of the outcome of their investigation and any social services that they will be providing for the family.

Filing a 51-A about a family you know and work with can be awkward. You may find it extremely hard to believe that a member of a family you like is a possible abuser. You may also have deep feelings about a child being separated from his or her parents. However, it's important to remember that anyone can abuse children. It is essential that everyone receive help for the problem—the child, the abuser, and all family members. By reporting the situation, you are moving everyone toward the help they need. Often times families themselves

Signs of Abuse and Neglect

Bruises

1. Any bruises on infants, particularly facial bruises.
2. Bruises in the shape of identifiable objects.
3. Several bruises in various stages of healing.
4. Bruises on unusual parts of the body (i.e. lower back, buttocks, genitals).
5. Clusters of bruises.

Burns

1. Any burn in the shape of an identifiable object (i.e. iron pattern).
2. Scalding burns caused by immersing a portion of the child's body in hot liquid (usually an entire hand, or foot, or the buttocks.
3. Cigarette burns.
4. Rope burns around wrists and/or ankles.

Other Signs

1. Repeated injuries.
2. Several broken bones.
3. Missing teeth.
4. Patches of missing hair.
5. Human teeth marks.
6. Injuries caused by twisting or pulling limbs.
7. Long sleeved garments worn in hot weather.
8. Strong reluctance to return home.
9. Cruel, destructive behavior directed toward others and animals.

Signs of Sexual Abuse:

1. Dramatic changes in personality (ie. an outgoing child becomes withdrawn or vice-versa).
2. Sudden fear of a person or place.
3. Desire to avoid a person or place.
4. Blood or discharge in the genital area.
5. Bruises and abrasions in the genital area; the child may complain about hurting there.
6. Sore throats and stomach cramps (possible oral-genital abuse).
7. A child who is more sexually aware than is appropriate for his or her age.
8. Nightmares or other sleeping problems.
9. Regression: moving backward to an earlier stage of development.
10. Intense anger and rage.
11. A child who acts more like an adult and/or takes on adult roles in the family.
12. Fire setting.
13. Bed wetting after achieving control.

do not know how to ask for this help and are actually relieved when DSS offers services. The Department's goal is to do all it can to keep families intact by providing the services that are needed, while protecting the child; DSS **does** to remove children from their homes unless it is absolutely necessary.

Signs of Abuse and Neglect (continued)

Signs of Emotional Abuse

1. Regression.
2. Extreme aggression toward others.
3. Withdrawn affect or behavior.
4. Depression.
5. Speech disorders.
6. Bed wetting after having achieved control.

Signs of Neglect

1. Young children who are left unattended, or in the care of other children who are too young to supervise.
2. A child who steals food or continuously complains of hunger.
3. A child who does not wear clothes appropriate to the weather (i.e. no winter coat).
4. A child who does not receive needed medical attention.
5. A child who regularly arrives at day care looking dirty.
6. A child who is constantly tired and falling asleep.
7. A child who is underweight, or malnourished; experiences failure to thrive; or whose mental and physical growth is below normal ranges.
8. An adult who is constantly very late picking up the child.

Additional Facts to Remember

1. Girls are not the only victims of sexual abuse; it can and does happen to boys as well.
2. Children between the ages of 5-12 years old are at the greatest risk for sexual abuse.
3. Family members are not the only child abusers. A good friend of the family or a trusted neighbor can also be abusing children.
4. Children can and have died from child abuse.
5. Abuse knows no boundaries; it can happen in any home regardless of financial standing, racial origin, or the number of adults living in a household.

Making A Report of Child Abuse or Neglect

When you telephone a DSS Protective Screening Unit to make a report of possible child abuse or neglect, you will be asked to give, to the fullest extent possible, the following information:

1. The name(s), address, present whereabouts, date of birth or estimated age, and sex of the reported child(ren) and of any other children in the child's household.
2. The names, addresses, and telephone numbers of the child's parents or other persons responsible for the child's care.
3. The principal language spoken by the child and the child's caretaker.
4. Your name, address, telephone number, profession, and relationship to the child.
5. The full nature and extent of the child's injuries, abuse, or neglect.
6. Any indication of prior injuries, abuse, or neglect.
7. An assessment of the risk of further harm to the child, and if a risk exists, whether it is imminent.
8. If the above information was given to you by a third party, the identity of that person is withheld, unless anonymity is not requested.
9. The circumstances under which you first became aware of the child's alleged injuries, abuse, or neglect.
10. The action taken, if any, to treat, shelter, or assist the child.

Remember, mandated reporters must follow up on a verbal rport by submitting a written report to DSS within 48 hours; family day car providers are mandated reporters.

Source: *Health in Day Care: A Guide for Day Care Providers in Massachusetts*, Massachusetts Department of Public Health, 1988.

IV. Your Family Day Care Business

Establishing a Business Plan

A thorough written business plan can help you organize your family day care business. The plan describes your objectives and defines how you expect to accomplish them. Problems will surface if you rush ahead without any concrete conception of where you are going or how you plan to get there. Planning may seem time consuming, but the benefits are worthwhile. The overall purposes of a business plan are:

1. forcing you to think through all the areas of your family day care business at the nuts and bolts level;
2. serving as an operating and planning guide as you turn your child care skills into a viable business;
3. providing credibility when dealing with your banker, insurance agent and attorney.

Review the *Sample Family Day Care Business Plan* on pages 68 and 69 and use it to develop your own plan. Your plan will change as time goes by; it will evolve as your business does. Therefore, update it as necessary.

Pricing Your Family Day Care

Setting Prices

Consider the following real life situation. A family day care provider mentioned that she "makes" $460.00 per week caring for four children, full time. When tactfully asked if she would answer a few questions about her fees, she agreed without any hesitation.

Question: How much do you charge per week for full time care?

Answer: $115.00 per week, per child.

Question: Have you calculated the cost of operating your family day care on a monthly or yearly basis?

Answer: No, I haven't.

Question: What factors influenced your fees?

Answer: I met another provider from my city at a meeting and she told me that she charges $130.00 per week for infant care and $110.00 for toddlers. I feel $115.00 per week will entice parents to use my family day care.

The provider should have considered additional factors in order to receive an equitable salary, pay for business expenses, and have money available to replace toys and equipment that wear out or break. Pricing yourself below the competition should not be your only consideration.

SAMPLE FAMILY DAY CARE BUSINESS PLAN

PERSONAL CONSIDERATIONS

1. Describe your child care experience.
2. Is a family day care business acceptable to your family?
3. What are your personal reasons for becoming a family day care provider?
4. How long do you plan to be a family day care provider?
5. Are you willing to rearrange some of your furniture and rooms to accommodate the toys, play equipment and sleeping arrangements?
6. Do you have the financial securityyou will need to sustain you while you get started?

DESCRIPTION

1. What is the status of your family day care business? Are you starting up or expanding?
2. What hours of the day and days of the week will you be (are you) in operation?

LOCATION

1. Has your town/city council imposed zoning restrictions on family day care homes?
2. Does your home or yard need any renovations or safety equipment? What will they cost?
3. If you are renting an apartment, have you obtained your landlord's permission?
4. Is your home accessible to public transportation?

MARKETING

1. How many day care providers or centers are located in your city, town or neighborhood?
2. How is their business: steady? increasing? decreasing? Why?
3. How are their day care programs similar to and different from yours?
4. Are you using the services of your local Child Care Resource Agency?
5. Is your day care home located near a large employer?
6. Do any of the local employers offer child care assistance to their employees?

PERSONNEL

1. What provisions will you make to provide child care during your illness and vacation?
2. Who will you contact during a medical emergency?
3. Do you plan to hire an approved assistant? If you do, what will his/her responsibilities be? How many hours per week will s/he work? Will you provide benefits? What pay will you offer?
4. Determine your administrative responsibilities and the time required to fulfill them. These responsibilities will include:
    - record keeping: tallying income and expenses; calculating federal, self-employment and state taxes; and recording attendance and meal counts;
    - advertising and promotion;
    - shopping for food and supplies;
    - meeting with parents;
    - cleaning;
    - food preparation.

FINANCIAL CONSIDERATIONS

1. What weekly amount do you need to receive in order to cover your expenses, salary and a profit margin for reinvestment?
2. Start-up costs:

Expense	Cost	Expense	Cost
Homeowners liability insurance	______	Office supplies	______
Automobile liability insurance	______	Advertising	______
Safety Equipment	______	Food	______
Bedding	______	Diapers	______
Toys	______	Other (Fence, etc.)	______
Arts & crafts supplies	______		
First aid supplies	______	Total Needed for Start-Up	______

Pricing Considerations

The scenario described on page 67 illustrated the provider's mistaken notion that the weekly fees she received from parents were her salary. The minimum hourly charge per child must reflect all the costs associated with your business. If not, your family day care business will not be a profitable operation.

Review the section on recordkeeping in order to identify the expenditures you're likely to incur in running your business. In addition, keep in mind that you will need extra funds to replace worn out toys or cover unexpected expenses.

If you are a newly licensed provider, you may not be able to anticipate all the costs. If this is the case, research the expenses you expect to incur and estimate as closely as possible. Don't forget to consider your tax obligations. As a self-employed person, you are responsible for filing quarterly federal, state and self-employment tax payments.

It is also important to take into consideration what the parents in your geographical area can afford. The variety of fees charged across the state reflect the different populations served.

Subsidized Day Care

The Massachusetts Employment and Training Choices Program provides subsidized day care through vouchers to former and current AFDC recipients who need child care in order to participate in employment or job training. The goal of the voucher program is to eliminate barriers to employment caused by child care needs..

Parents who need child care are referred to the "Voucher Program" by the Department of Welfare. The counselors provide information about suitable providers to the parents. After a provider has been selected, the counselor issues a voucher.

The vouchers stipulate the daily rate at which the provider is to be paid for each child. The parent and the voucher agency pay for the child's care. Providers can arrange to accept vouchers by contacting your local Child Care Resource Agency for more information.

Psychology of Pricing

There are intangible factors that can be built into your fee such as reputation and perceived quality. Some parents will consider paying a higher fee if you:

1. have good training and experience;
2. care for fewer children than your license allows;
3. are conveniently located;
4. have appropriate, attractively arranged toys and furniture, and most important, if they believe you are the right person to care for their children.

Parent and Provider Agreement

Once you have set your fees, you should consider them fixed. Do not allow parents to negotiate a lower fee. Other professional fees are not negotiable.

You will undoubtedly need to raise your fees once a year. This will allow you to give yourself a pay raise and cover increasing expenses. Include information about fee increases in your *Parent and Provider Agreement.* (A sample agreement can be found in the *Appendix*). Answer the following questions regarding your fees and policies and then incorporate them into your Agreement.

Fees

1. Will your fees be based on a daily, weekly, or hourly rate, or on a combination, depending on a family's need for child care? The rationale for a flat weekly rate is that the slot is devoted to the child whether or not the child is present. If you do not charge a flat weekly rate, you may want to consider higher rates for families needing only part-time child care. Explain to the parents that most of your expenses are the same whether you care for their children on a full or part-time basis.
2. Does your fee include diapers, meals, snacks? Will there be extra charges for excursions?
3. Do you expect to be paid in advance or at the end of a specified time period?
4. Will there be additional charges for early arrivals or late pickups? This policy discourages parents from taking advantage of you because you work at your home.
5. Will you offer reduced rates if you provide care for more than one child in a family?
6. Will you charge a higher fee for infant care?
7. How will you handle late or missed payments? If the parents cannot pay immediately, you may allow them an extension. If you do, specify in writing when the payment is due.

Hours

1. During what hours will you provide the care?

Vacations

1. How will you handle your vacation time?
2. Do you expect to be paid for your vacation?
3. What holidays and vacation times will the child not be in your care?
4. Will you charge for these days?
5. Do you care for children on holidays or when parents are on vacation?

Sick Days

1. Do you plan to care for sick children?
2. In the event a child becomes sick or some emergency arises, what procedures will you follow?
3. Do you have a substitute available in case you become ill or require assistance in an emergency?
4. When a child is unable to come to day care due to sickness, will you charge the regular fee?

Record Keeping

As a family day care provider, you are operating a small business. Although the most important part of your job is caring for and nurturing children, you must also keep accurate records of your income, expenses and attendance.

There are many reasons for keeping accurate and complete records:

Taxes

The Internal Revenue Service and the Massachusetts Department of Revenue classify you as a self-employed person. Accurate records help you calculate the correct amount of federal, self-employment and state taxes you owe. You are responsible for paying taxes on your net income. Your net income is the amount left after you've subtracted all of your business expenses from your business income. A listing of likely expenses and sources of income are included in this chapter. Also included are sample forms to assist you in recording your income and expenses. A list of tax forms and publications is shown on page 77 to assist you with tax preparation.

Billing

You must keep attendance records in order to bill parents accurately. The parents will also need an account of the payments they have made for their own income taxes. Receipt books are available from office supply stores for a modest price.

Assessment of Your Business

You are in business to earn money. Accurate records will show you how you're doing. The income and expense records will show you if your fees are covering your costs and providing you with an equitable salary.

Office For Children Requirements

The Office for Children (OFC) requires you to keep accurate attendance records. OFC stipulates that the records must be kept for five years after the child's termination/departure from your family day care home. You must also note any unusual arrival or departure times.

Child Care Food Program

Your sponsoring agency for the Child Care Food Program (CCFP) requires you to submit monthly menus and meal counts for accurate reimbursements. Your Child Care Food Program Representative will assist you with the record keeping that is required for the CCFP.

System Requirements

If you are a member of a family day care system, they will require you to keep attendance records. Some systems collect the fees from the parents and then pay you.

Setting Up Your Record Keeping System

It cannot be stressed too strongly that you need complete, accurate and ongoing records. Don't skip a week here and there; don't lose track of receipts. The suggestions listed below will help you make your record keeping job easier:

- Organize an area in your home where you can do your record keeping and store forms and supplies.
- Take time each day to keep your record keeping accurate.
- Purchase a ledger or duplicate the forms included in this chapter to keep track of your income, expenses and attendance.
- Maintain a checkbook exclusively for your family day care business.
- Place receipts in envelopes.
- Obtain necessary tax forms and instruction booklets.

Taxes

Family Day Care Income

Your income is all the money you receive for providing family day care from the following sources:

- parent fees;
- Child Care Food Program;
- governmental agency (i.e. voucher);
- family day care services you provide (i.e, conducting a workshop at a conference).

Child Care Food Program

A lot of confusion surrounds the record keeping for the Child Care Food Program. The reimbursements you receive from your sponsoring agency must be listed in the income section of the federal income tax form, *Schedule C*, also known as the *Profit or Loss From Business or Profession*. All the money you spend on your family day care food should be listed as a deduction on *Schedule C*. Therefore, you must keep accurate records of your food costs.

Family Day Care Expenses

For tax purposes, all the expenses incurred in operating your family day care business become deductions. Your expenses are divided into the four categories listed below:

- Miscellaneous Business Expense
- Business Capital Expenditures
- Housing Expenditures
- Utilities

Miscellaneous Business Expenses

Miscellaneous business expenses are individual items that cost less than $100 and have a useful life of one year or less. A complete listing of likely expenses can be found in the *Family Day Care Expense Checklist* on page 70.

Business Capital Expenditures

Capital expenditures are items that cost more than $100 and have a useful life of more than one year. The Internal Revenue Service divides them into two categories, *unlisted* and *listed* items.

Unlisted items are used exclusively in your family day care business. The IRS allows you two options when you claim these expenses. You can claim the first $10,000 you spend on these items as a one-time deduction or you can depreciate the items over a period of years. Rules on calculating depreciation change frequently, so, obtain the current IRS publication, *Depreciation*, before you calculate your deduction.

Listed expenses are used by both your family and business. For these shared expenses you must calculate the percentage of use devoted to personal time and space. The personal percentage is needed to calculate the percentage which can be claimed as a business cost on depreciable items. In 1987, shared items would be depreciated over a twelve year period, if a provider's time/space percentage was less than 50%.

Home Depreciation

Home depreciation, rent, home improvements, mortgage interest, and property taxes are deductible expenses. You will be utilizing your time/space percentage figure when you calculate your housing deductions. Consult the Toys 'N Things Press *Annual Tax Update* and the IRS publication *Business Use of Your Home* for additional directions on claiming your housing deductions. See the *Tax Forms And Publications* list for information on how to obtain these guides.

Utilities

A percentage of your electric, heating, water, sewer and trash removal costs is also considered a business expense. You can use your time and space percentage to determine the amount to deduct as a business expense. For example, if your heating bill for the year was $850 and your business time and space percentage was 26%, then $850 x 26% = $221. The amount of your deduction would be $221.

Your telephone expense should be calculated differently. The full cost of a telephone can be deducted only if it is listed under a business name. The full cost of long distance calls related to your day care is deductible.

Time Space Percentage

Many of the items used by you personally are also used in your family day care business. Before you compute your taxes you must understand the time and space percentage concept. Your yearly percentage indicates how much of your shared expenses can be deducted or depreciated from your taxes. Follow the example below to calculate your time and space percentage.

Step 1: Determine the percentage of space used for family day care. Divide the amount of space (in rooms or square footage) by the total space in your home or apartment.

$$\frac{\text{7 rooms used in family day care}}{\text{8 rooms in home or apartment}} = 87.5\%$$

Step 2: Figure the percentage of time your house or apartment is used for family day care. Divide the number of hours each week the house is used for family day care by the total number of hours in the week.

$$\frac{\text{10 hours x 5 days} \quad 50}{\text{24 hours x 7 days} \quad 168} = 29.7\%$$

Step 3: Multiply the result of Step 1 by the result of Step 2.

87.5% (0.875) x 29.7% (0.297) = 26%

In this example 26% of household expenses can be claimed as family day care business deductions when computing the *Federal Income Tax Form Schedule C* and the *Depreciation and Amortization Forms.*

Family Day Care Expense Checklist

It is easy to overlook a few things when totaling day care expenses or income tax deductions. Here is a list of probable expenditures:

Nutrition

Meals and snacks
Infant formula

Basic Equipment for Activity Program
Tricycles, riding toys
High Chair
Swing set
Books
Colors
Paints
Puzzles
Disposable diapers
Educational toys
Dolls
Blocks and other construction toys
Paper and paste
Play dough
Scissors
Sand box and sand
Playpen
Child-sized table and chairs
Movie or VCR
Record/tape player and records/tapes
Repair cost of toys and activity equipment

Sleeping Arrangements
Mats, cots or cribs
Sheets, blankets and pillows

Insurance
Accident and liability
Rider on auto
Workman's compensation for employees

OFC Safety Requirements
Testing of well water
Flash light
Fire extinguisher
Smoke detectors
Electric outlet covers
Partitions or screens for wood stoves and fireplaces
Covers for radiators
Antiseptic
Bandaids
Thermometers
Safety latches for drawers and cabinets

Approved Assistant
Salary and benefits
Pay. to substitutes for being on standby

Education to Increase Your Child Care Skills
Registration or tuition fees
Transportation costs
Books and supplies
Day care expenses
Magazines, journals, or pamphlets
journals

Office Supplies
Calendar
Tax preparation aids
Photo duplication
Paper, envelopes and stamps
Pens Business telephone

Miscellaneous
Advertising
Legal expenses
Tax preparation
Bank charges for a business account
Cost of small claims court to secure payment
Day care association dues

Paper and Cleaning Products
Paper towels, napkins
Tissues
Toilet tissue
Plates and cups
Soap
Plastic utensils
Dish detergent

Automobile Expenses

Vehicle expenses
22.5 cents a mile for the first 15,000 miles of business use each year, and 11 cents a mile for each additional mile
Parking fees
Tolls
OR
Claim depreciation on the vehicle

Field Trip Costs
Admission fees
Restaurant food

Depreciation
Items costing more than $100* and lasting more than 1 year i.e. furniture and computers

Housing Expenses
Mortgage or rent*
Home depreciation*
Utilities*
Property taxes*

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*These expenses must be deducted on a proportional basis depending upon your personal time and space percentage.

Tax Forms and Publications

Tax Preparation and Business Workbooks
Developed Exclusively For Family Day Care Providers
1989 Calendar Keeper
Basic Guide to Record keeping & Taxes
Annual Tax Update
Order from: Resources for Child Caring, 906 N. Dale St., St. Paul, MN 55103, 1-800-423-8309

Federal Tax Schedules and Forms to be Completed
Schedule C - Profit (or Loss) from Business or Profession
Schedule SE - Computation of Social Security Self-Employment Tax
Form 1040 ES - Estimated Tax for Individuals
Form 1040 US - Individual Income Tax Return
Form 1040x - Amended US Individual Tax Return (if necessary)
Form 2106 - Employee Business Expense
Form 4562 - Depreciation and Amortization
Form W-10 - Dependent Care Provider's Identification & Certification

Federal Tax Schedules Needed If You Are Hiring Assistants
Form W-2 - Wage and Tax Statement
Form W-4A - Employee's Withholding Allowance Certificate
Form W-3 - Transmittal of Income and Tax Statements
Form 8109-B - Temporary Federal Tax Coupons
Form 940 - Employer's Annual Federal Unemployment (FUTA) Tax Return
Form 941 - Employer's Quarterly Federal Tax Return
Form SS-4 - Application for Employer's Identification Number
Form 1099 Miscellaneous - Statement of Recipients of Miscellaneous Income

Instruction Booklets for Federal Tax Schedules and Forms
Instructions for Form 4562
Publication 15. Circular E - Employer's Tax Guide
Publication 505 - Tax Withholding and Estimated Tax
Publication 534 - Depreciation
Publication 552 - Record Keeping
Publication 563 - Taxpayers going into business.
Publication 587 - Business Use of Your Home
Publication 334 - Tax Guide for Small Business
Order from Internal Refvenue Service, 1-800-424-1040

Massachusetts Tax Forms to be Completed
Form 1 - Massachusetts Resident Income Tax Return
Form 1ES - Estimated Tax Payment
Schedule C - photocopy federal form if there are no differences
Order from Massachusetts Department of Revenue, 1-800-392-6089

Insuring Your Family Day Care

No matter how careful you are or how well you have childproofed your home, accidents can happen. In order to protect yourself from potential lawsuits, consider obtaining liability coverage, health and accident insurance for the children in your care and for your approved assistant or substitute. Additional auto coverage will be needed if you use your car in your business; for example, driving the children to a restaurant is considered a business use of your automobile.

You are held responsible for the supervision of the children while they are in your care and for the appropriate handling of an emergency. Providers can be sued in court if a parent alleges that an injury occurred because of negligence or failure to exercise reasonable care. You or your employee can be found to be negligent.

Negligence is a legal term that means a person who was under legal obligation to act with reasonable care did not do so. Negligence might take the form of inadequate supervision; a jury might find that the provider (or assistant) was not properly supervising a child when an injury occurred. When one child hurts another, a jury might agree that the children were not being adequately supervised. Another form of negligence is faulty maintenance, such as a swing chain that breaks because it is in poor condition or icy steps that cause someone to fall.

Providers can also be sued in court if a parent alleges that their child has been molested or abused. The alleged incidence of abuse and neglect is the predominant reason that insurance companies discontinue their family day care liability policies. Insurance companies do not provide any assistance to providers or their approved assistants if they have been accused of molestation or abuse.

Reducing Your Risks

There are several ways you can reduce the chances that accidents will happen. Review the suggestions below.

1. Imagine any possible accident and prevent it. Childproof every room the children will use.
2. Keep your eyes on the children at all times.
3. Take a first aid course. Your local fire department, hospital and Red Cross offer them.
4. Avoid fire hazards.
5. Choose your assistants and substitutes carefully.
6. Develop and follow clear policies about health and safety.

Reviewing Your Insurance Coverage

The coverage provided in family day care insurance policies can vary. Many homeowner and apartment dweller insurance policies do not provide liability coverage for business pursuits in the home, or permit a business to be operated without the insurers' knowledge and consent. Below is a description of the types of policies you may need. You must review each policy to assess its provisions and limitations.

General Liability

Providers should purchase liability insurance. It may cover the costs associated with bodily injury or death, legal fees associated with a lawsuit, emergency medical costs, and property damage.

Ask if your policy provides you with "claims-made" or "occurrence" coverage. With *claims-made policies*, you are only covered for incidents **reported** during the time your policy is in force. *Occurrence insurance* covers you for incidents **that occur** during the time your policy is in force, even if they are reported after the policy expires.

Automobile Insurance

If you transport children in your personal automobile, you'll need additional insurance. Your agent may recommend that you increase your bodily injury limit and change your automobile class. Insurance for business use of your automobile is costly. Compare the cost of increased insurance coverage to the cost of public transportation or taxicabs; it may be more economical to use alternate transportation.

Workers Compensation

Massachusetts law requires employers to provide workers compensation to their employees. It covers the treatment of injuries and loss of pay related to employee accidents or illnesses on the job.

Locating Liability Insurance

The following list identifies potential sources of family day care liability and accident insurance.

1. Sponsoring agencies for the Child Care Food Program may offer accident and liability insurance. The agencies do not always require that the provider be a member of their program in order to obtain the coverage. A list of the sponsoring agencies is located in Chapter V.

2. Your local Child Care Resource Agency maintains a listing of the insurance companies that provide liability policies and riders.

3. Ask your insurance agent to investigate the homeowners insurance policies that will permit business in the home. Providers may have to change their present insurance policy and company.

Be ready to educate your insurance agent about family day care. Many agents have been reluctant to insure it because of the few widely publicized child abuse incidents.

Invite your agent to visit your family day care home and display all the safety equipment you have purchased. Be sure to mention any first aid or safety courses you've taken.

Although the Office for Children does not require providers to have liability insurance, you may want to have coverage in the event of an accident.

Optional Insurance

Disability

This covers you if you are injured and unable to work. Policy coverage and premiums vary widely. These policies may cover lost income and additional bills directly related to your disability.

Medical and Health Insurance

If you and your family do not have medical insurance, you should consider obtaining this protection for your doctor and hospital bills. You may be able to obtain group insurance from your Child Care Food Program sponsor or system. Individual insurance policies are usually more expensive and not as inclusive.

Recruiting Children for Your Program

Your license from the Office for Children indicates the maximum number of children that you can provide care for (no more than six children at a time). As a provider, you must realize that you may not always have the maximum number of children enrolled in your program, especially when you're just starting your business!

In order to meet your expenses and make an equitable wage, you want to keep periods of low enrollment to a minimum. In order to keep these periods to a minimum, you have to get the word out about your program.

Word of Mouth

Most parents choose their family day care provider from personal recommendations. Parents are more comfortable when they are acquainted with you.

Ask your friends and neighbors if they know of parents looking for child care. Compile a list of these parents and tell them about your program and fees.

When parents see that their children are happy and thriving, they will recommend you to other parents. Good providers are always in high demand. But, if parents sense that their children are bored or unhappy, they'll start looking for other child care arrangements.

Child Care Resource Agencies

One of the benefits of becoming a licensed family day care provider is your listing with the local Child Care Resource Agency. (See Chapter V for a complete listing of the agencies with state contracts).

Agency staff obtain information from the provider about the provider's program. When parents contact the agency, staff will match the parent with compatible providers in their area.

Local Employers

Contact the personnel or human resource departments at local companies. Ask if they provide child care assistance to their employees. If they do, offer to meet with them to discuss your program. Develop a portfolio or notebook with pictures of your home, yard, play equipment and program. Include reference letters and brochures that they can share with employees needing child care. Your program and portfolio will be in their minds when employees ask for assistance. Remember to save all the receipts from your recruiting efforts: they are tax deductible business expenses.

Newspapers and Notices

Place notices in local newspapers; large metropolitan newspaper advertisements are usually not as effective. A sample ad might read:

> Licensed Family Day Care Provider will care for toddlers in my home. S.E. part of town. Phone 000-0000. License number 00000.

Create a poster publicizing your services. Hang the posters at stores, churches, companies and other locations that allow you to display them. A sample poster is included in the *Appendix* for your use.

Before and After School Care

Many children of working parents need care before and after school since most parents do not want their children alone in the house for long periods of time. They often contact the local schools in search of providers that can arrange care for those times. Ask the principal of the local elementary school if you can distribute brochures or be available to speak to parents at registration or at PTO meetings.

V. Resource Guide

Office for Children

The Office for Children is a state agency created by the Legislature in 1972 in response to a need for coordinating services for children up to age 21. The Office for Children has been the chief advocate for children in the Commonwealth since then. Through a statewide network of local offices and community boards, Office for Children staff and community volunteers judge the quality and coordinate the delivery of public and private children's services.

The Office for Children does not directly run children's services or programs, but is responsible for:

1. establishing local Councils for Children in all areas of the state;
2. monitoring and evaluating children's programs;
3. licensing day care centers, school age child care programs, family day care homes, adoption placements, and group homes;
4. providing information, referral, follow-up, and individual advocacy through the Help for Children program (in each area office);
5. performing an assessment of children's service needs and making recommendations to the Governor;
6. helping to develop new programs, and providing technical support and training to Councils for Children;
7. providing information on the organization of children's services and on the state children's budget;
8. promoting coordination of children's programs.

Family Day Care Referrals

(revised July 6, 1990)

Central Office (617) 727-8900
Martha Roberts, Director
Lin Cotton, Assistant Director
Dotty Isles-Roberts, Enforcement Specialist
James Taylor, Complaint Specialist
(617) 727-8900
10 West Street
Boston, MA 02111

Region I
L. Carol Ehman, FDC Supervisor
(413) 788-8401
15 Mulberry Street
Springfield, MA 01105

Marcia Farris, FDC Licensor
(413) 499-4492
150 North Street
Pittsfield, MA 01201

Kathy Bastarache, FDC Licensor
(413) 774-7230
238 Main Street
Greenfield, MA 01301

Elaine Marlow, FDC Licensor
(413) 538-9033
276 High Street
Holyoke, MA 01040

Rebecca Cedeno, FDC Licensor
(413) 736-0321
1694 Main Street
Springfield, MA 01103

Region II

Janet McKeon, FDC Supervisor
(508) 792-7341-2-3/791-3136
75-A Grove Street
Worcester, MA 01605

Deanna Mitro, FDC Licensor
(508) 481-3476
209 W. Central Street, Suite #307
Natick, MA 01760

Evelyn Cruz, FDC Licensor
(508) 534-0280 -8360
c/o Spanish American Center
16 Cross Street
Leominister, MA 01453

Marlene Zamora, FDC Licensor
(508) 791-2869
75-A Grove Street
Worcester, MA 01605

Vacant, FDC Licensor
(508) 765-9175
112 Hamilton Street
Southbridge, MA 01550

Bernadette Bazzett,, FDC Licensor
(508) 473-3291
Memorial Hall
30 School Street
Milford, MA 01757

Kelli Hanifan, FDC Licensor
(508) 651-8185
209 West Central Street
Natick, MA 01760

Region III

Susan MacDonald, FDC Supervisor
(508) 727-4137
Georgia Gray, FDC Supervisor
(508) 727-4137 - 1883/535-1956
83 Pine Street
W. Peabody, MA 01960

Jean Wilson, FDC Licensor
(617) 264-0314/0315
283 A Belmont Street
Belmont, MA 02178

Anne Daly-Conners, FDC Licensor
(508) 921-1781
52 Washington Street
Haverhill, MA 01830

Sharon Woodward, FDC Licensor
(508) 459-2566
144 Merrimack Street, Suite 401
Lowell, MA 01852

Martha McCann, FDC Licensor
(508) 745-9090
57 Conant Street
Danvers, MA 01923

Linda Barnard, FDC Licensor
(617) 322-7889
214 Commercial Street
Malden, MA 02148

Nancy Jannino, FDC Licensor
(617) 322-7889
214 Commercial Street
Malden, MA 02148

Norma Peterson, FDC Licensor
(508) 685-0262/727-1193
11 Lawrence Street, Suite 715
Lawrence, MA 01840

Karen Gale, FDC Licensor
(508) 264-0314
75 Great Road
Action, MA 01720

Region V
Donna Cohen, FDC Supervisor
(508) 727-1440 ext. 621
Human Services Building
33 Main Street, Suite #6
Lakeville, MA 02347

Theresa DeBarros,, FDC Licensor
(617) 331-1520
541 Main Street, Route 18
S. Weymouth, MA 02190

Ann Santos,, FDC Licensor
(508) 727-8974
488 Pleasant Street
New Bedford, MA 02740

Wendy Costello, FDC Licensor
(617) 727-7723
298 Main Street
Hyannis, MA 02601

Dandra Dillon, FDC Licensor
(508) 727-8363
188 Belmont Street
Brockton, MA 02401

Celina Mendes, FDC Licensor
(508) 727-0886
101 Rock Street
Fall River, MA 02721

Diana Phillips, FDC Licensor
(508) 226-2336
4 Hodges Street
Attleboro, MA 02703

Region VI
Tricia Halpin, FDC Supervisor
(617) 727-2316
24 Farnsworth Street
Boston, MA 02210

Debbie Phillips, FDC Licensor
(617) 965-9767
474 Centre Street
Newton, MA 02158

Michele Seigle, FDC Licensor
(617) 623-5096
66-70 Union Square
Somerville, MA 02143

Antoinette Medley, FDC Licensor
(617) 427-0606
2315 Washington Street
Roxbury, MA 02119

Iris Coloma, FDC Licensor
(617) 727-2316
24 Farmsworth Street
Boston, MA 02210

Nancy Nishanian, FDC Licensor
(617) 738-4518
209 Harvard Street
Brookline, MA 02146

Earline Pruitt, FDC Licensor (617) 288-6600
254 Adams Street
Dorchester, MA 02122

Councils for Children

There are now 42 Councils, one in each of the 42 sub-state areas throughout the Commonwealth. These Councils are composed of a coalition of citizens who are concerned about children and are willing to devote the necessary time and energy to make life better for them. Although many children's groups have operated in this state for a long time, the local Councils are unique for five reasons:

1. They were created by the Legislature and their responsibilities are mandated by law.
2. They are elected rather than appointed.
3. They are community-based groups.
4. They represent a cross-section of interests, rather than a limited constituency focused on one problem or disability.
5. They have real control over decisions affecting children in their community.

Although each Council creates its own special projects attuned to the particular needs of its area, all Councils are intended to fulfill responsibilities in five areas mandated by Chapter 785.

Help for Children

Help for Children is an advocacy program initiated by the Office for Children and the area Councils for Children. Located in each of the 42 areas of the State and funded through the local Councils for Children, Help for Children attempts to bring individuals and/or groups with unmet needs to the most appropriate resources in the shortest possible time. This is done by providing:

1. information about available programs and services;
2. referral to agencies providing appropriate services;
3. follow-up to make sure satisfactory service was delivered;
4. advocacy to promote the well-being, interests and rights of children.

Child Care Resource Agencies

A Child Care Resource Agency works with parents, providers and employers to provide affordable, quality child care choices to those who need them. A sampling of the services and training that have been offered by local agencies includes:

1. assisting a local insurance company in instituting a referral service for employees; the company provided financial support to several local day care agencies willing to give the children of company employees enrollment preference;
2. developing training materials on behavior management for providers;
3. instituting a 12-week, three credit course in Spanish on early childhood development;
4. developing a training module on designing home environments for day care.

When you list with an agency in your local area you receive a variety of benefits:

1. *referrals*: the local agency will list your family day care openings and refer parents to you;
2. *phone consultations*: the local agency can help you with questions on child care issues;
3. *access to resource library*: library selections may include tapes, current periodicals, curriculum guides, business information, and growth and development books;
4. *workshops, trainings and support groups*: these may deal with topics such as nutrition, discipline, development, creative movement, and business aspects of family day care;
5. *professional newsletter*;
6. *opportunities to meet other people* in the Early Childhood field.

The Office for Children is providing partial financial support to Child Care Resource Agencies throughout the Commonwealth.

Local Child Care Resource Agencies

Resources for Child Care
311 North Street
Pittsfield, MA 01201
413-499-7982 (Parent calls)
413-499-7983 (Administration)
serving Berkshire County

Child Care Focus
56 Vernon Street
P. O. Box 7
Northampton, MA 01060
413-586-4940
serving Hampshire and Franklin Counties

Preschool Enrichment Team
276 High Street
Holyoke, MA 01040
413-536-3900
serving Hampden County: Greater Springfield, Westfield, Central Pioneer Valley

Child Care Resources
435 Main Street
Fitchburg, MA 01420
508-343-7395 (Fitchburg)
508-365-6367 (Clinton)
508-630-1269 (Gardner)
serving northern Worcester County

Child Care Connection
(United Way of Central Massachusetts)
484 Main Street
Worcester, MA 01608
508-757-3880 (Parent calls)
508-757-1503 (Administration)
serving central and southern Worcester County

Child Care Circuit
190 Hampshire Street
Lawrence, MA 01840
508-686-4288 (Parent Calls)
508-687-1157 (Administration)
serving Lawrence, North Essex County

Child Care Circuit
196 Cabot Street
Beverly, MA 01915
508-921-1631 (Parent Calls)
508-922-8581 (Administration)
serving the North Shore, Cape Ann

Child Care Circuit
388 Pleasant Street, Suite 304
Malden, MA 02148
617-324-1262 (Parent Calls)
617-324-3887 (Administration)
serving the Tri-City area, Eastern Middlesex County

Child Care Search
60 Turner Street
Waltham, MA 02154
617-891-4557
serving Waltham, Concord-Assabet, Mystic Valley

Child Care Search
11 Kearney Square
Lowell, MA 01852
508-452-6445
serving Greater Lowell

Child Care Search
P. O. Box 568
276 Union Avenue
Framingham, MA 01701
508-875-9883
serving South Middlesex County, Greater Marlboro

Child Care Resource Center
552 Massachusetts Avenue
Cambridge, MA 02139 (Mailing address)
617-547-1063, x72 (Parent calls)
617-547-1063, x75 (Administration)
serving Boston, Cambridge, Chelsea, Revere Winthrop, Somerville, the West Suburban area, Belmont, Watertown

Community Care for Kids (QCAP, Inc.)
1509 Hancock Street
Quincy, MA 02169
617-479-8181
serving the South Shore, the Coastline area

Community Care for Kids (QCAP, Inc.)
P.O. Box 6067
Plymouth, MA 02360
1-800-637-2011
serving Plymouth

Child Care Resource Exchange (PACE)
4 Park Place
New Bedford, MA 02742
508-999-9930
serving Greater New Bedford

Child Care Resource Exchange (PACE)
270 Communication Way
Hyannis, MA 02601
508-771-0141
serving the Cape & Islands

Childcare Resource Connection
17 Tremont Street
Taunton, MA 02780
508-823-9118 (Taunton)
508-679-9690 (Fall River)
serving Fall River, Taunton

Home/Health & Child Care Services
One Goeres Square
Avon, MA 02322
508-588-6070 (Brockton)
1-800-222-5609
serving Brockton, South Norfolk County, Attleboro

Where to Report Abuse or Neglect

To report child abuse and neglect after 5 p.m. contact 1-800-792-5200 for all areas except Region II; in Region II call 1-800-922-8169. Between 9 a.m. and 5 p.m. and on weekends call the following numbers:

Area Department of Social Services Offices

Western Field Support

1	Pittsfield	413-499-7370
2	Greenfield	413-774-5546
2A	Northampton	413-586-8480
3	Holyoke/Chicopee	413-536-4762
4	Springfield	413-781-0881
5	Westfield	413-562-9681
6	Fitchburg	1-800-922-8169
7	Gardner	1-800-922-8169
8	Whitinsville	1-800-922-8169
9	Webster	1-800-922-8169
10	City of Worcester	1-800-922-8169

Northeast Field Support

11	Lowell	508-454-5255
12	Lawrence	508-689-2688
13	Haverhill/Cape Ann	508-373-2310
14	Beverly/Gloucester	508-922-1719
16	Lynn	617-596-5755
20	Arlington/Woburn	617-641-1780
21	Waltham	617-894-4865
22	Cambridge/Somerville	617-666-5670
24	Framingham/Marlborough	508-872-8122
27	Quincy	617-773-8930

Southeast Field Support

29	Attleboro	508-226-4554
30	Brockton	508-588-2281
31	Plymouth	617-585-6533
32	Taunton	508-822-7762
33	Fall River	508-675-1146
34	New Bedford	508-997-3362
35	Cape and Islands	1-800-352-0711

Boston/Brookline

22	Morton Street	617-524-5474
23	Dimock Street	617-445-5485
24	Solo. Carter Fuller	617-266-9298
25	Fields Corner	617-288-0300
26	Harbor	617-569-8310

General State and Federal Resources

Our federal and state governments provide research, publications, and referrals that may be useful in supplementing other resources.

Office for Children
Director of Family Day Care Licensing
10 West Street
Boston, MA 02111

Massachusetts Cooperative Extension
Bulletin Center
Cottage A, Thatcher Way
University of Massachusetts
Amherst, MA 01003

Preschool Health Program
Massachusetts Department of Public Health
150 Tremont Street, 2nd floor
Boston, MA 02111

Bureau of Education for the Handicapped
OE-BEH Dohohoe Building
400 Maryland Avenue, S.W.
Washington, D.C. 20202

Catalog of Publications
Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

Consumer Information Catalog
Consumer Information Center
Pueblo, CO 81009

Day Care Division
Administration for Children, Youth and Families
U. S. Dept. of Health, Education & Welfare
P. O. Box 1182
Washington, D.C. 20013

Children's Defense Fund
122 C Street, N.W.
Washington, D.C. 20001

24 Hour Hotline Numbers

The following 800 numbers will give you direct help, referral service or educational materials on subjects which may concern you or the families you service.

AIDS	1-800-235-2331
Alcohol Abuse	1-800-252-6465
Child Abuse	1-800-792-5200
Parental Stress	1-800-632-8188
Parents Anonymous	1-800-421-0353
Poison Information	1-800-682-9211
Expanded Food and Nutrition Program (between 9:00 a.m. and 5:00 p.m.)	1-800-622-3637
Smoking Cessation Information	1-800-422-6237
Lead Poisoning Prevention	1-800-532-9571

Food/Nutrition Programs

You can be reimbursed for the nutritious meals and snacks you serve to your family day care children by joining a food program. Sponsoring agencies may also have newsletters, food activities, and menu planning guides. For more information contact:

Massachusetts Department of Education
Bureau of School Nutrition Services
1385 Hancock Street
Quincy, MA 02169
617-770-7248

The Expanded Food and Nutrition Program (EFNEP) is a major outreach program of the University of Massachusetts Cooperative Extension. EFNEP brings nutrition education to low income families with young children through group work, one-to-one counseling, home-study courses and youth programs. Contact:

Expanded Food and Nutrition Program
202 Stockbridge Hall
University of Massachusetts
Amherst, MA 01003
1-800-622-3637

The New England Food and Dairy Council provides information. Contact the following local offices for information:

1034 Commonwealth Avenue
Boston, MA 02215
(617) 734-6750

376 Chandler Street
Worcester, MA 01602
(617) 755-6239

1499 Memorial Avenue
W. Springfield, MA 01089
(413) 733-8198

Professional Associations

Professional associations provide opportunities for professional development and very good resource materials.

Massachusetts Association of Family Day Care
M.A.F.D.C. offers training to licensed family day care providers and increases visibility and publicity for the field.
Attn: Sharon Richardson-O'Connell
Washington Street
Whitman, MA 02382
617-447-3720
Membership Information:
Carmela Pagnoni, 685-4471

National Association for the Education of Young Children (NAEYC)
The membership fee is $25; publishes *Young Children* bi-monthly; holds an annual conference; provides a free catalog.
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009-5786
202-232-8777 or 1-800-424-2460

National Association for Family Day Care (NAFDC)
A membership organization, NAFDC publishes *Argus: the Journal of Family Day Care* at an annual rate of $18.
725 15th Street, NW, Suite 505
Washington, D.C. 20005
202-347-3356 or 1-800-359-3817

Books

Many of these selections can be found in the public library or at your local Child Care Resource and Referral Office. The listing is not meant to endorse or omit certain selections; it will, however, give you an idea of the wide range of publications available.

Business

Copeland, Tom. *Business Ideas for Family Day Care Providers.* Toys 'n Things Press, Division of Resources for Child Caring, Inc., 906 N. Dale Street, St. Paul, MN 55103, 1986. (Basic guide to record keeping and taxes.)

Calendar-Keepers, also from Toys 'n Things Press. (A record keeping system for child care providers, updated for each calendar year.)

Murphy, Karen. *A House Full of Kids*, Beacon Press, Boston, MA, 1984. (Running a successful day care business in your home.)

Curriculum

Cole, Anne. *I Saw a Purple Cow and 100 Other Recipes for Learning*, Little, Brown & Co., Boston, MA , 1972. (Pre school activities)

Cromwall, Liz. *Finger Frolics: Fingerplays for Young Children.* Rev. ed. Partner Press, Ann Arbor, MI, 1983(New, original fingerplays. Topics include home, seasons, holiday, science.)

Curtis, Sandra. *The Joy of Movement in Early Childhood*, Columbia University, Teachers College Press, New York, NY, 1982. (Includes theories of motor development as well as a practical guide to motor activities.)

Dreikurs, Rudolph and Cassel, Pearl. *Discipline Without Tears.* Dutton, E.P. New York, NY, 1990. (What to do when children misbehave.)

Graves, Ruth (editor). *The Reading is Fundamental Guide to Encouraging Young Readers.* Doubleday & Co., Inc., New York, NY, 1987. (Offers hundreds of activities ideas for bringing children together with words and reading.)

Gregson, Bob. *The Outrageous Outdoor Game Book.* Fearon Publishers, Belmont, CA 94002, 1984. (133 group projects, games and activities.)

Marzollo, Jean. *Superkids.* Harper & Row Publishers, New York, NY, 1982. (Creative learning activities for children 5-15.)

Ms. Foundation Project. *Free To Be...You and Me,* McGraw-Hill Book Company, New York, NY. (The music in this book is designed to be played by children of all ages, shapes, sizes, colors and sexes. Some of the songs are easy to play. Some are more challenging.)

Pagnoni, Mario. *Computers and Small Fries.* Avery Publishing, Garden City, NY, 1987. (It offers basic knowledge of computers, advice on software products and ideas to enhance the children's learning experience.)

Stangl, Jean. *Magic Mixtures,* Fearon Publishers, Belmont, CA, 1986. (Over 70 recipes to make fingerprint, doughs, molding mixtures. Recipes are given for cooked, uncooked and edible variations.)

Warren, Jean. *1-2-3 Art.* Warren Publishing House, Bothell, WA, 1985. (Open ended art activities in the area of painting, gluing, printing. Each activity has a materials list, preparation suggestions, and an activity outline.)

Health

Green, Martin I. *A Sigh of Relief.* Revised Edition, Bantam Books, New York, NY 1984. (A first-aid handbook for childhood emergencies. Great illustrations.)

Massachusetts Department of Public Health, *Health in Day Care: A Guide for Day Care Providers in Massachusetts.* Commonwealth of Massachusetts, Boston, MA, 1988.

Warner, Penny. *Super Snacks for Kids.* (200 nutritious and creative treats, drinks, and meals that can be prepared in a jiffy with no sugar or salt.)

Williams, Kenneth. *Childhood Emergency Sourcebook.* Preschool Enrichment Team, Holyoke, MA, 1985.

Periodicals, Newsletters, Magazines

Most newsletters and periodicals are available at your local Child Care Resource and Referral Office.

Argus: The Journal of Family Day Care, Argus Subscription Department, P.O. Box 15146, Atlanta, GA 30333.

Business Link: The Report on Management Initiatives for Working Parents, Resources for Child Care Management, Box 672, Bernards-ville, NJ 07924.

Child Care Action News, Child Care Action Campaign, 99 Hudson Street, Room 1233, New York, NY 10013.

Child Care Health Alert, Box 338, Newton Highlands, MA 02161.

Child Care News, CCRC Publications, 552 Mass. Avenue, Cambridge, MA 02139, 617-547-1063.

Family Day Caring, Toys 'N Things Press, 906 N. Dale St., St. Paul, MN 55103.

Index: Child Care, Child Development Designs, Inc., 3375 Buckingham Train, West Bloomfield, MI 48033.

The Child Health Care Newsletter, Parents' Pediatric Report, Box 155, 77 Ives Street, Providence, RI 02906.

Pediatrics for Parents", 176 Mt. Hope Avenue, Bangor, ME 04401.

Young Children, National Association for the Education of Young Children, 1834 Connecticut Avenue, N.W., Washington, D.C. 20009-5786, 202-232-8777 or 1-800-424-2460.

"Totline Newsletter", Totline Press, P.O. Box 2255, Everett, WA 98203. An activity newsletter for family day care providers. Six times a year; $15.00.

APPENDIX - Office for Children Forms

The following forms in this section are not to be copied; please request original forms from your local family day care licensor.

Enclosed:

- Self-Evaluation Form (Application for Family Day Care License)
- Application for Approved Assistant
- Renewal Application

An incomplete application may be returned to you. You must read the regulations prior to completing the application in order to respond appropriately to several areas of the application.

Self-Evaluation Form

sample

THE UNDERSIGNED HEREBY APPLIES FOR A CERTIFICATE TO OPERATE A FAMILY DAY CARE HOME

____

____

NAME: ___________________________________ DATE OF BIRTH: ______________

ADDRESS: ____
(NO.) (STREET) (FLOOR LEVEL OR APT. NO.) (CITY) (ZIP CODE)

TELEPHONE NUMBER: __________ DO YOU LIVE AT THIS ADDRESS? YES____ NO____

MAILING ADDRESS IF DIFFERENT THAN ABOVE: ____________________________________

PLEASE LIST ALL HOUSEHOLD MEMBERS:

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	OCCUPATION OR SCHOOL	NUMBER OF HOURS HOME DURING DAY CARE

NUMBER OF CHILDREN YOU WISH TO CARE FOR? ____________________________________

ARE YOU CURRENTLY CARING FOR CHILDREN WHO ARE NOT RELATED TO YOU IN YOUR HOME?

YES_____ NO_____

WILL ANYONE BE ASSISTING YOU ON A REGULAR BASIS? YES____ NO____ IF YES,

NAME: ____________________________ ADDRESS: __________________________________

TELEPHONE NUMBER: ________________________

HAVE YOU EVER APPLIED FOR A FAMILY DAY CARE CERTIFICATE/APPROVAL BEFORE? YES___ NO___
IF YES, WHEN, WHERE AND REASON WHY YOU WERE NOT LICENSED/APPROVED: ________________

____

DO YOU HOLD OR HAVE YOU HELD ANY LICENSE/APPROVAL (e.g. Family Day Care, Group Day Care, Foster care, Group Care)? YES _____ NO _____
IF YES, WHAT IS/WAS YOUR LICENSE/APPROVAL NUMBER AND EXPIRATION DATE: ________________

WHY DID YOU TERMINATE? ____

HAVE YOU EVER BEEN DENIED A LICENSE/APPROVAL (e.g. Family Day Care, Group Day Care, Foster Care, Group Care)? YES ___ NO___

IF YES, WHEN, WHERE, AND REASON WHY YOU WERE NOT LICENSED/APPROVED: ____________

DO YOU NOW OR HAVE YOU PREVIOUSLY WORKED FOR A FAMILY DAY CARE SYSTEM? YES ___ NO ___

IF YES, NAME OF SYSTEM AND LOCATION: ____________

PERSONAL REFERENCES: Please give the names and COMPLETE addresses of two persons OTHER THAN RELATIVES (this includes in-laws) who have seen you caring for young children and have known you for at least one (1) year. Reference forms will be mailed to each person listed.

(1) NAME: ____________ TELEPHONE NUMBER: ____________

MAILING ADDRESS: ____________ ZIP CODE: ____________

RELATIONSHIP TO APPLICANT: ____________

(2) NAME: ____________ TELEPHONE NUMBER: ____________

MAILING ADDRESS: ____________ ZIP CODE: ____________

RELATIONSHIP TO APPLICANT: ____________

EMPLOYER REFERENCE: If you have been employed within the past 5 years, please list ALL PREVIOUS EMPLOYERS DURING THE PAST FIVE YEARS AND SIGN THE ENCLOSED RELEASE OF INFORMATION FORM AND RETURN WITH COMPLETED APPLICATION.

EXACT TITLE OF YOUR LAST POSITION: ____________

NAME AND ADDRESS OF PREVIOUS EMPLOYER: ____________

TELEPHONE NUMBER: ____________

FROM: (MONTH/YEAR) ____________ TO (MONTH/YEAR) ____________

REASON FOR LEAVING: ____________

EXACT TITLE OF YOUR NEXT PREVIOUS POSITION: ____________

NAME AND ADDRESS OF PREVIOUS EMPLOYER: ____________

TELEPHONE NUMBER: ____________

FROM: (MONTH/YEAR) ____________ TO (MONTH/YEAR) ____________

REASON FOR LEAVING: ____________

IF MORE SPACE IS NEEDED ATTACH ANOTHER PAPER AND FOLLOW SAME FORMAT AS ABOVE.

sample

QUALIFICATIONS AND EXPERIENCE 8.04(2)(a-c)

1. PLEASE CHECK THOSE CATEGORIES WHICH REFLECT YOUR EXPERIENCE:

EXPERIENCE IN PROVIDING CHILD CARE	NUMBER OF MONTHS/YEARS
_____ Caring for own children:	__________
_____ Babysitting for a few hours at a time:	__________
_____ Caring for other people's children in your home:	__________
_____ Full time child care (35-40 hrs per week):	__________
_____ Day care center, nursery school, or kindergarten experience:	__________
_____ Training by a family day care system:	__________
_____ Other: __________	

2. Have you ever taken an Early Childhood Growth and Development Course? Yes ___ No ___
If yes, please list: __________

HEALTH 8.04(4)

1. Are you presently in good physical health? Yes ___ No ___
Are you presently free from communicable disease? Yes ___ No ___
Are you presently in good mental health? Yes ___ No ___

2. Are you taking any medication? Yes ___ No ___ If yes, please explain and list name of medication: __________

3. Within the past year, have you been treated or hospitalized for any physical illness?
Yes ___ No ___ If yes, please explain: __________

Within the past year have you been treated or hospitalized for any mental illness?
Yes ___ No ___ If yes, please explain: __________

4. Name and address of physician who prescribed the medication or treatment:
____

5. Date of last physical examination: __________
Month Year

sample

6. Is there anyone else in your household with a physical illness? Yes ___ No ___

If yes, please explain: ______________________________

____

Is there anyone else in your household with a mental illness? Yes ___ No ___

If yes, please explain: ______________________________

____

Is there anyone else in your household with a communicable disease? Yes ___ No ___

Is yes, please explain: ______________________________

____

BACKGROUND INFORMATION 8.04(5)

A CHECK OF THE MASSACHUSETTS CRIMINAL OFFENDER RECORD INFORMATION AND A CHECK OF RECORDS IN OTHER JURISDICTIONS WHEN APPROPRIATE WILL BE PERFORMED PRIOR TO LICENSURE. YOU HAVE A RIGHT TO APPEAL TO THE CRIMINAL SYSTEMS HISTORY BOARD IF YOU FEEL THE INFORMATION GATHERED BY A CORI CHECK IS INACCURATE OR INCORRECT.

IF YOU WISH TO CONTEST A DECISION MADE BY THE OFFICE FOR CHILDREN PURSUANT TO 102 CMR 8.04(5), YOU MAY DO SO BY FILING A REQUEST WITH THE DIRECTOR OF LICENSING WITHIN TEN (10) DAYS OF RECEIPT OF THE DECISION. THIS REQUEST SHALL SET FORTH THE SPECIFIC REASONS WHY THE DECISION SHOULD BE REVERSED, ANY MITIGATING CIRCUMSTANCES, AND ANY INFORMATION THAT YOU HAVE THAT THE OFFICE RELIED UPON INCORRECT INFORMATION IN REACHING ITS DECISION.

---

1. Have you or any other person living in the home or regularly on the premises been found to be a parent who has physically abused a child? Yes ___ No ___

If yes, please explain: ______________________________

____

Have you or any other person living in the home or regularly on the premises been found to be a parent who has emotionally abused a child? Yes ___ No ___

If yes, please explain: ______________________________

____

Have you or any other person living in the home or regularly on the premises been found to be the parent of a child who has been adjudicated to be in need of care and protection? Yes ___ No ___

If yes, please explain: ______________________________

____

---

2. Have you or any other person living in your home or regularly on the premises been convicted of an offense involving sexual abuse? Yes ___ No ___

If yes, please explain: ______________________________

____

sample

Have you or any other person living in your home or regularly on the premises been convicted of an offense involving rape? Yes ___ No ___

If yes, please explain: ______________________________

____

Have you or any other person living in your home or regularly on the premises been convicted of an offense involving child abuse? Yes ___ No ___

If yes, please explain: ______________________________

____

Have you or any other person living in your home or regularly on the premises been convicted of an offense involving child neglect? Yes ___ No ___

If yes, please explain: ______________________________

____

Have you or any other person living in your home or regularly on the premises been convicted of any other offense involving children or have such charges pending?

Yes ___ No ___ If yes, please explain: ______________________________

____

Have you or any other person living in your home or regularly on the premises been convicted of any of the offenses listed in Appendix A. of the Family Day Care Regulations or have such criminal charges pending? Yes ___ No ___

If yes, please explain: ______________________________

____

____

3. Do you or any other person living in the home or regularly on the premises use alcoholic beverages to an extent or in a manner that impairs your ability to care for children properly? Yes ___ No ___ If yes, please explain: ______________________________

____

Do you or any other person living in the home or regularly on the premises use narcotics to an extent or in a manner that impairs your ability to care for children properly? Yes ___ No ___ If yes, please explain: ______________________________

____

Do you or any other person living in the home or regularly on the premises use other drugs to an extent or in a manner that impairs your ability to care for children properly? Yes ___ No ___ If yes, please explain: ______________________________

____

sample

INDOOR SPACE 8.07(1) and (2)

IMPORTANT: CHILDREN MAY BE CARED FOR ONLY ON FLOOR LEVELS HAVING TWO (2) SEPARATE EXITS TO THE OUTSIDE. (Please check with the Office if you have any questions about what is considered an acceptable exit.)

1. Please describe your family day care residence: total number of rooms:

____

How many floor levels does your family day care home/apartment have? ____________

SINGLE FAMILY ______ TWO FAMILY ______ THREE FAMILY ______ APARTMENT ______

2. Please identify all rooms to be used by Family Day Care children (include kitchen) NOTE: WHEN MEASURING FLOOR SPACE, ONLY MEASURE FLOOR SPACE THAT CAN BE USED BY CHILDREN. REMEMBER, SPACE THAT CANNOT BE USED BY CHILDREN INCLUDES, BUT IS NOT LIMITED TO SUCH THINGS AS: REFRIGERATORS, STOVES, KITCHEN COUNTERS/CABINETS, BUREAUS AND STEREOS.

ROOM	USE	SIZE (Please Measure)	FLOOR LEVEL
EXAMPLE: Living Room	Play & Nap	10' X 14' = 140'	1st.

2A. Do you have a protected area for children under 18 months to explore at least part of the day? Yes ___ No ___ Please describe: ______________________________

3. Describe the exits from each floor level in your home: Note: Evacuation routes must also be child proofed.

FLOOR LEVEL	NUMBER OF EXITS	DESCRIPTION OF EXITS
EXAMPLE: First	Two (2)	Front Door; Back Door to Yard

4. On what will each day care child nap? (e.g. one cot, two beds). NOTE: Each family bed counts as one space regardless of its size. If slats on cribs are more than two and three eighths inches apart, a crib bumper pad must be used.

OUTDOOR SPACE 8.07(3)(a-c)

1. Where will children play outside: OWN YARD ______ NEIGHBORHOOD PARK ______

OTHER: ______________________________

sample

2. Please describe outside play area:

	TYPE OF SPACE	SIZE (Please Measure)	If using a park, please state name and distance from your home
EXAMPLE:	Yard	45' X 50'	
	Park	100' X 100'	Lincoln Park - 2 blocks away

A. YARD: ___

B. PARK: ___

C. OTHER: ___

	YARD	PARK	OTHER
3. Is outdoor space located on a busy street?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Is this space fenced?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

If yes, please describe (include type and height of fence):

YARD: ___

PARK: ___

OTHER: ___

4. Does outdoor play space have any of the following:

	YARD	PARK	OTHER
Debris, broken glass	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Construction materials	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Open wells, lakes, rivers, brooks . .	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Peeling paint	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Railroad tracks	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Any other hazardous situations	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

If yes, please describe: ___

___

5. Do you have an outdoor porch which will be used for day care? Yes ___ No ___

Porches above the first floor must be fully enclosed and structurally sound to be used as play areas.

FLOOR LEVEL ___ ENCLOSED: Yes ___ No ___

If yes, please describe: ___

___

HOME SAFETY 8.08(1) through (12)

1. Is your home in good repair? Yes ___ No ___

Is your home hazard free? Yes ___ No ___

Is your home maintained in a sanitary manner? Yes ___ No ___

sample

2. DOES YOUR HOME HAVE THE FOLLOWING:

Peeling or flaking painted surfaces? . . . . Yes ___ No ___

Sufficient ventilation and lighting? . . . . Yes ___ No ___

Locks on bathroom/closet doors? . . . . Yes ___ No ___

If yes, are these locks opened easily from inside and outside? . . Yes ___ No ___

A bathroom not more than one floor level away from the area used by children? . . . . Yes ___ No ___

A heating system that is capable of maintaining a temperature of 65 degrees farenheit? . . . . Yes ___ No ___

A working flashlight? . . . . Yes ___ No ___

Frayed or damaged electrical cords? . . . . Yes ___ No ___

Well water? . . . . Yes ___ No ___

If yes, you must submit a well water test from a D.E.Q.E. approved laboratory.

First aid materials, including antiseptic, bandages and a thermometer? . . . . Yes ___ No ___

3. Does your home have a fire extinguisher located in the kitchen MOUNTED ON THE WALL AWAY FROM THE STOVE AND NEAR AN EXIT? . . . . Yes ___ No ___

BRAND NAME: ______________ CLASSIFICATION: ____________ WEIGHT (lbs./ozs.) ____

4. Describe how unused electrical outlets are protected: ______________________________

5. What type of heating elements do you have? (PLEASE CHECK ALL THAT APPLY)

RADIATORS/HOT WATER PIPES ________
BASEBOARDS ________
VENTS/GRATES ________
SPACE HEATERS ________
WOODBURNING STOVES ________
FIREPLACES ________

(THE USE OF PORTABLE SPACE HEATERS IS PROHIBITED)

How are radiators, hot water pipes, space heaters, woodburning stoves and fireplaces protected so that children cannot come into contact with them?

DESCRIBE: ____

____

____

____

6. Where are the following materials stored and what prevents children from gaining access to the following materials:

a) MEDICINES: ____

b) CLEANING MATERIALS (including aerosol cans, bleaches, laundry and dish detergents, floor wax, etc.): ______________________________

Sample

c) KITCHEN KNIVES: ____________________

d) SHARP INSTRUMENTS AND TOOLS: ____________________

e) FIREARMS (guns): ____________________

f) AMMUNITION: ____________________

7. Do you have emergency telephone numbers for the local fire department, police department, health agency or hospital, physician, and most accessible poison control center?

Yes ___ No ___

Where are your emergency telephone numbers posted? ____________________

8. Do you have a swimming pool? Yes ___ No ___

If yes, please list the type and what precautions you have taken to prevent access by children to the pool: ____________________

9. How would you evacuate your home in case of fire or natural disaster? ____________________

Where would children gather once you have exited? ____________________

sample

PLAY MATERIALS 8.09(2)

1. What will children play with while indoors? Be specific, the amount and varieties you list will help us determine the number of children for which you can care. (EXAMPLE: 6 trucks, 3 dolls, 40 books, etc.)

2. What will children play with outdoors? (Include toys you can bring outside)

SCHEDULE OF ACTIVITIES

Describe in detail what you might plan on a typical day with day care children. PLEASE INCLUDE ROUTINES, PLAY ACTIVITIES, SCHEDULE, ETC.

e.g. 8:00 a.m. children arrive

sample

NUTRITION 8.11

PLEASE GIVE SAMPLE MENUS OF THE TYPES OF MEALS AND SNACKS YOU WOULD PROVIDE TO CHILDREN OR EXPECT THE PARENTS TO PROVIDE TO THEIR CHILDREN FOR A THREE (3) DAY PERIOD:

	FIRST DAY	SECOND DAY	THIRD DAY
BREAKFAST:			
SNACK:			
LUNCH:			
SNACK:			

PLEASE READ CAREFULLY

The following statements refer to your compliance with particular requirements of the Family Day Care Regulations which you must either comply with to receive a license or comply with after you receive a license.

I hereby state that I agree to:

Routines, Activities, Care of Children 8.04(3), 8.09(1)(3)(a) through (d)

1. Provide sufficient space for free movement . . . . Yes ___ No ___
2. Attend to the physical and nutritional needs of each child . . . . . Yes ___ No ___
3. Provide a variety of activities and play opportunities . . . . Yes ___ No ___
4. Spend part of each day directly involved with the children's activities . . . . Yes ___ No ___
5. Provide opportunities during the day when the child can help (such as helping with snacks and meals) . . . . Yes ___ No ___
6. Encourage active play and participation as well as listening and watching . . . . Yes ___ No ___
7. Provide opportunities for conversation, handling different types of equipment and materials . . . . Yes ___ No ___
8. Provide regular outdoor time . . . . Yes ___ No ___
9. Provide rest time as needed . . . . Yes ___ No ___

10. Provide one snack for each four hour period of care . . . . . . Yes ___ No ___

11. Make drinking water freely available . . . . Yes ___ No ___

12. Regularly practice evacuations with the day care children . . . Yes ___ No ___

Prevention of Abuse or Neglect 8.09(5)(6)

13. Operate my Family Day Care Home in such a way as to protect children from abuse and neglect . . . . Yes ___ No ___

14. Cooperate in all investigations including abuse and neglect . . Yes ___ No ___

Supervision 8.10

15. The supervision of children at all times by myself or an approved assistant (whose acceptance is affixed to my license) . Yes ___ No ___

Records, Permissions, Notifications

16. Display the Certificate of Registration in my home . . . . . . Yes ___ No ___

17. Care only for the number of day care children which will appear on the Certificate of Registration, AT ANY ONE TIME . . . . Yes ___ No ___

18. Care for only two children under the age of two years, including my own children (unless I have an approved assistant present throughout the time the 3rd or more child is present) Yes ___ No ___

19. Obtain the information required to be kept on file on each child in my care prior to their enrollment in my program . . . Yes ___ No ___

20. Obtain written parental permission before giving any medication to children . . . . Yes ___ No ___

21. Keep a daily record of all medication given to children . . . . Yes ___ No ___

22. Maintain a record of attendance and other required information in accordance with Regulation 8.12(19)(a) through (d) . . . . Yes ___ No ___

23. Maintain the required records for a period of five (5) years from the termination of a child from care . . . . Yes ___ No ___

24. Honor the confidentiality of all records kept on children . . . Yes ___ No ___

25. Inform parents about the operation of my family day care home and about the care their children receive whenever requested . . . . Yes ___ No ___

26. Allow parents to visit unannounced at any time during the hours that child care is provided . . . . Yes ___ No ___

27. Notify the Office of my new address before I move . . . . Yes ___ No ___

28. Notify the Office of any change in my telephone number . . . . Yes ___ No ___

29. Notify the Office of any change in my household composition . . Yes ___ No ___

30. Notify the Office in writing within five (5) days of the initiation of any legal proceedings against me or anyone regularly on the premises in accordance with Regulation 8.13(17) . . . . Yes ___ No ___

Sample

31. Immediately report to the Office any report filed under G.L.c. 119 s. 51-A in which I am named, or my approved assistant, household member, or any person regularly on my premises is named as the alleged perpetrator of abuse . . . . Yes ___ No ___

32. Notify the Office immediately of the death, hospitalization or emergency treatment of any child during the hours I am caring for the child . . . . Yes ___ No ___

33. Provide day care regardless of race, religion, cultural heritage or marital status of the parent . . . . Yes ___ No ___

34. Make a report to the Department of Social Services if I suspect that a child in my care is suffering from physical or emotional injury due to abuse or neglect . . . . Yes ___ No ___

I hereby state that I have read the regulations and have read and checked the above affirmations:

Date ______________________ Signature ______________________

Sample

DISCIPLINE 8.09(4)

A CHILD SHALL NOT BE DISCIPLINED BY ANYONE OTHER THAN THE PROVIDER OR AN APPROVED ASSISTANT.

1. What are the situations in which you feel some type of discipline is necessary?

2. How would you discipline the children in your care?

SUPERVISION 8.10(1) through (7)

NO ONE OTHER THAN THE PROVIDER OR AN APPROVED ASSISTANT SHALL PROVIDE CARE TO CHILDREN EXCEPT IN AN EMERGENCY. CHILDREN MAY NOT BE LEFT IN THE CARE OF HOUSEHOLD MEMBERS AT ANY TIME UNLESS THEY ARE APPROVED BY THE OFFICE AS APPROVED ASSISTANTS OR EMERGENCY PEOPLE.

1. What steps would you take in a medical emergency if something happened to you or a day care child?

____

____

2. List the names of two (2) persons who have agreed to assist you with child care in the event of an unanticipated medical emergency:

	NAME	TOWN	DISTANCE FROM YOUR HOME (IN MINUTES)	TELEPHONE NUMBER (MUST HAVE PHONE)
(1)				
(2)				

3. Presently, are you engaged in any other employment? Yes ___ No ___

a) If yes, what are the hours of employment? ______________________

b) Who is your employer? Name: ______________________

Address: ______________________

____

Telephone: ( ) ______________________

sample

PLEASE READ CAREFULLY

The furnishing or making of any misleading or false statement or report in this application is grounds to revoke, suspend, refuse to issue, or refuse to renew a family day care license or Certificate of Registration.

I, the undersigned, hereby state that I am an applicant for a family day care license or certificate; that I have read and understand the questions in this application; that I have read 102 CMR 8.00 Standards for the Licensure or Approval of Family Day Care Homes hereafter Regulations; and that to the best of my knowledge the information I have provided or the responses I have given are true to the best of my knowledge; that I agree to operate my family day care home in compliance with the Regulations, and I understand that the Office may at any reasonable time visit and inspect my home.

Signed under pains and penalties of perjury:

______________________ ______________________

Date Signature of Applicant

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE FOR CHILDREN

MARY KAY LEONARD
DIRECTOR

AREA CODE (617)
727-8900

TO: ALL OFFICE FOR CHILDREN LICENSEES

FROM: MARY KAY LEONARD, DIRECTOR

RE: TAX CERTIFICATION

All persons or corporations licensed by an Agency of the Commonwealth (or any city or town) must be in compliance with all Laws of the Commonwealth relating to taxes (MGL Chapter 62c, Section 47a and 49a).

Section 47a requires that the Office for Children provide the Commissioner of Revenue, on or before February first of each year, a list of all licenses issued during the previous year with the name, address, social security number or federal identification number of the licensee.

This section also provides that licenses shall be revoked if a licensee is found to be delinquent in any taxes under Chapter 62c after certain procedures specified in 830 CMR 62c. 48 are followed.

Section 49a requires that as part of the application process, all applicants for a license or renewal of a license certify under the penalties of perjury that they have complied with all laws of the Commonwealth relating to taxes. A form for certification is now part of the Office for Children license application packets.

This section also requires denial of an application if the Commissioner of Revenue finds an applicant is in violation of tax laws.

sample

TAX CERTIFICATION STATEMENT

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

______________________________	______________________________
*Signature of Individual or Corporate Name (Mandatory)	By: Corporate Officer (Mandatory, if Applicable)

____

**Social Security Number (Voluntary) or Federal Identification Number

* THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY THE APPLICANT.

** YOUR SOCIAL SECURITY NUMBER WILL BE FURNISHED TO THE MASSACHUSETTS DEPARTMENT OF REVENUE TO DETERMINE WHETHER YOU HAVE MET TAX FILING OR TAX PAYMENT OBLIGATIONS. LICENSEES WHO FAIL TO CORRECT THEIR NON-FILING OR DELINQUENCY WILL BE SUBJECT TO SUSPENSION OR REVOCATION. THIS REQUEST IS MADE UNDER THE AUTHORITY OF MASSACHUSETTS GENERAL LAW, CHAPTER 62c, SECTION 49A.

sample

DID YOU REMEMBER TO:

☐ COMPLETE ALL REQUIRED INFORMATION?

☐ GIVE ACCURATE AND COMPLETE MAILING ADDRESS FOR ALL REFERENCES?

☐ INCLUDE BACKGROUND INFORMATION FORMS (CORI I) FILLED OUT AND SIGNED BY ALL ADULT HOUSEHOLD MEMBERS, 17 YEARS OLD AND OVER, INCLUDING YOURSELF?

☐ INCLUDE EMPLOYER RELEASE OF INFORMATION (CORI VII A) SIGNED BY YOU?

☐ DATE AND SIGN APPLICATION ---- PAGE 12 & 13?

☐ SIGN TAX CERTIFICATION FORM?

REMEMBER

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU!

sample

APPLICATION FOR APPROVED ASSISTANT

NAME: ____________________ DATE OF BIRTH: __________

HOME ADDRESS: ____________________ TELEPHONE #: __________

MAILING ADDRESS IF DIFFERENT: ____________________

NAME AND ADDRESS OF FAMILY DAY CARE PROVIDER IN WHOSE HOME YOU WILL BE WORKING?

____

QUALIFICATIONS AND EXPERIENCE 8.04(2)(3), 8.05(1)(3)

CHILD CARE EXPERIENCE (LIST TYPE OF EXPERIENCE AND LENGTH OF TIME OF EACH TYPE)

____

____

____

NAME AND AGES OF CHILDREN LIVING IN YOUR HOME:

NAME	DATE OF BIRTH	OCCUPATION/SCHOOL

WILL ANY OF YOUR OWN CHILDREN BE ATTENDING THE FAMILY DAY CARE PROGRAM?

YES ____ NO ____ IF YES, THE NUMBER OF CHILDREN AND THEIR AGES: __________

____

PERSONAL REFERENCES

PERSONAL REFERENCES: Please give the names and COMPLETE addresses of two persons OTHER THAN RELATIVES (this includes in-laws) who have seen you caring for young children and have known you for at least 1 year (do not submit the name of the family day care provider in whose home you will be an assistant). REFERENCE FORMS WILL BE MAILED TO EACH PERSON LISTED.

1. NAME: ____________________ TELEPHONE NUMBER: __________

MAILING ADDRESS: ____________________

(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

RELATIONSHIP TO APPLICANT: ____________________

sample

NAME: ______________________ TELEPHONE NUMBER: ______________

MAILING ADDRESS: ____
(STREET) (CITY/TOWN) (STATE) (ZIP CODE)

RELATIONSHIP TO APPLICANT: ______________________________

EMPLOYER REFERENCE: IF YOU HAVE BEEN EMPLOYED WITHIN THE LAST FIVE YEARS PLEASE LIST ALL PREVIOUS EMPLOYERS DURING THE PAST FIVE YEARS AND SIGN THE ENCLOSED RELEASE OF INFORMATION FORM AND RETURN WITH COMPLETED APPLICATION.

EXACT TITLE OF YOUR LAST POSITION: ______________________

NAME AND ADDRESS OF PREVIOUS EMPLOYER: ______________________

TELEPHONE NUMBER: ______________________

FROM (MONTH/YEAR) ______________ TO (MONTH/YEAR) ______________

REASON FOR LEAVING: ______________________

EXACT TITLE OF YOUR NEXT PREVIOUS POSITION: ______________________

NAME AND ADDRESS OF PREVIOUS EMPLOYER: ______________________

TELEPHONE NUMBER: ______________________

FROM (MONTH/YEAR) ______________ TO (MONTH/YEAR) ______________

REASON FOR LEAVING: ______________________

EXACT TITLE OF YOUR NEXT PREVIOUS POSITION: ______________________

NAME AND ADDRESS OF PREVIOUS EMPLOYER: ______________________

TELEPHONE NUMBER: ______________________

FROM (MONTH/YEAR) ______________ TO (MONTH/YEAR) ______________

REASON FOR LEAVING: ______________________

EXACT TITLE OF YOUR NEXT PREVIOUS POSITION: ______________________

NAME AND ADDRESS OF PREVIOUS EMPLOYER: ______________________

Sample

TELEPHONE NUMBER: ______________________________

FROM (MONTH/YEAR) ______________________ TO (MONTH/YEAR) ______________

REASON FOR LEAVING: ______________________________

IF MORE SPACE IS NEEDED ATTACH ANOTHER PAPER AND FOLLOW SAME FORMAT AS ABOVE

BRIEF DESCRIPTION OF THE HOURS YOU WILL BE WORKING IN THE FAMILY DAY CARE HOME AND YOUR DUTIES, INCLUDING ACTIVITIES AND ROUTINES.

NUMBER OF HOURS: ______________________________

EXAMPLES OF DUTIES, ACTIVITIES, AND DAILY ROUTINES: ______________________________

____

____

____

____

sample

PLEASE READ CAREFULLY

The following statements refer to your compliance with particular requirements of he Family Day Care Regulations which you must comply with to be an Approved Assistant.

I hereby state that I agree to:

Routines, Activities, Care of Children 8.04(3), 8.09(1)(3)(a) through (d)

1. Provide sufficient space for free movement . . . . Yes ___ No ___
2. Attend to the physical and nutritional needs of each child . . . Yes ___ No ___
3. Provide a variety of activities and play opportunities . . . . . Yes ___ No ___
4. Spend part of each day directly involved with the children's activities . . . . Yes ___ No ___
5. Provide opportunities during the day when the child can help (such as helping with snacks and meals) . . . . Yes ___ No ___
6. Encourage active play and participation as well as listening and watching . . . . Yes ___ No ___
7. Provide opportunities for conversation, handling different types of equipment and materials . . . . Yes ___ No ___
8. Provide regular outdoor time . . . . Yes ___ No ___
9. Provide rest time as needed . . . . Yes ___ No ___
10. Provide one snack for each four hour period of care . . . . . . Yes ___ No ___

. Make drinking water freely available . . . . Yes ___ No ___

12. Regularly practice evacuations with the day care children . . . Yes ___ No ___

Prevention of Abuse or Neglect 8.09(5)(6)

13. Operate the Family Day Care Home or assist in such a way as to protect children from abuse and neglect . . . . Yes ___ No ___

14. Cooperate in all investigations including abuse and neglect . . . . Yes ___ No ___

Supervision 8.10

15. Provide supervision of children at all times by myself or the licensed family day care provider . . . . Yes ___ No ___

Records, Permissions, Notifications

16. Care only for the number of day care children which will appear on the provider's Certificate of Registration AT ANY ONE TIME . . . . Yes ___ No ___

17. Obtain the information required to be kept on file on each child in care prior to their enrollment in the family day care program . . . . Yes ___ No ___

18. Obtain written parental permission before giving any medication to children . . . . Yes ___ No ___

19. Keep a daily record of all medication given to children . . . . . Yes ___ No ___

20. Maintain a record of all attendance and other required information in accordance with Regulation 8.12(19)(a) through (d) . Yes ___ No ___

21. Maintain the required records for a period of five (5) years from the termination of a child from care . . . . Yes ___ No ___

22. Honor the confidentiality of all records kept on children . . . . Yes ___ No ___

23. Inform parents about the operation of the family day care home and about the care their children receive whenever requested . . . . Yes ___ No ___

24. Allow parents to visit unannounced at any time during the hours that child care is provided . . . . Yes ___ No ___

25. Notify the Office in writing within five (5) days of the initiation of any legal proceedings against me in accordance with Regulation 8.13(17) . . . . Yes ___ No ___

26. Notify the Office of any change in my household composition . . . . Yes ___ No ___

27. Immediately report to the Office any report filed under G.L.c. 119 s. 51A in which I am named, or the family day care provider, household member, or any person regularly on the premises is named as the alleged perpetrator of abuse and neglect of any child as soon as I learn of the report . . . . . Yes ___ No ___

28. Notify the Office immediately of the death, hospitalization, or emergency treatment of any child during the hours I am caring for the child . . . . Yes ___ No ___

29. Provide day care regardless of race, religion, cultural heritage, or marital status of the parent . . . . Yes ___ No ___

30. Make a report to the Department of Social Services if I suspect that a child in my care is suffering from physical or emotional injury due to abuse or neglect . . . . Yes ___ No ___

Sample

I hereby state that I have read the regulations and have read and checked the above affirmations:

Date ____________________ Signature ____________________

HEALTH 8.04(4)

1. Are you presently in good physical health? Yes ___ No ___
   If no, please explain: ____________________
   Are you presently in good mental health? Yes ___ No ___
   If no, please explain: ____________________
   Are you presently free from communicable disease? Yes ___ No ___
   If no, please explain: ____________________
2. Are you taking any medication? Yes ___ No ___
   If yes, please explain and list name of medication? ____________________
3. Within the past year, have you been treated or hospitalized for any physical illness?
   Yes ___ No ___ If yes, please explain: ____________________
   Within the past year, have you been treated or hospitalized for any mental illness?
   Yes ___ No ___ If yes, please explain: ____________________
4. Name and address of physician who prescribed the medication or treatment:
   ____
5. Date of last physical examination: ____________________
   (MONTH) (YEAR)

BACKGROUND INFORMATION 8.04(5)

A CHECK OF THE MASSACHUSETTS CRIMINAL OFFENDER RECORD INFORMATION AND A CHECK OF RECORDS IN OTHER JURISDICTIONS WHEN APPROPRIATE WILL BE PERFORMED PRIOR TO APPROVAL. YOU HAVE A RIGHT TO APPEAL TO THE CRIMINAL SYSTEMS HISTORY BOARD IF YOU FEEL THE INFORMATION GATHERED BY A CORI CHECK IS INACCURATE OR INCORRECT.

IF YOU WISH TO CONTEST A DECISION MADE BY THE OFFICE FOR CHILDREN PURSUANT TO 102 CMR 04(5), YOU MAY DO SO BY FILING A REQUEST WITH THE DIRECTOR OF LICENSING WITHIN TEN (10) DAYS OF RECEIPT OF THE DECISION. THIS REQUEST SHALL SET FORTH THE SPECIFIC REASONS WHY THE DECISION SHOULD BE REVERSED, ANY MITIGATING CIRCUMSTANCES AND ANY INFORMATION THAT YOU HAVE THAT THE OFFICE RELIED UPON INCORRECT INFORMATION IN REACHING ITS DECISION.

Sample

1. Have you been found to be a parent who has physically abused a child?

Yes ___ No ___ If yes, please explain: ______________________________

Have you been found to be a parent who has emotionally abused a child?

Yes ___ No ___ If yes, please explain: ______________________________

Have you been found to be the parent of a child who has been adjudicated to be in need of care and protection? Yes ___ No ___

*If yes, please explain: ______________________________

____

2. Have you been convicted of an offense involving sexual abuse? Yes ___ No ___

If yes, please explain: ______________________________

Have you been convicted of an offense involving rape? Yes ___ No ___

If yes, please explain: ______________________________

Have you been convicted of an offense involving child abuse or neglect? Yes ___ No ___

If yes, please explain: ______________________________

Have you been convicted of any other offense involving children or have such charges pending? Yes ___ No ___

If yes, please explain: ______________________________

Have you been convicted of any of the offenses listed in Appendix A. of the Family Day Care regulations or have such criminal charges pending? Yes _____ No _____

*If yes, to any of the above, please explain: ______________________________

____

3. Do you use alcoholic beverages to an extent or in a manner that impairs your ability to care for children properly? Yes ___ No ___

If yes, please explain: ______________________________

Do you use narcotics to an extent or in a manner that impairs your ability to care for children properly? Yes ___ No ___

If yes, please explain: ______________________________

Do you use other drugs to an extent or in a manner that impairs your ability to care for children properly? Yes ___ No ___

*If yes, to any of the above, please explain: ______________________________

____

DISCIPLINE 8.09(4)

A CHILD SHALL NOT BE DISCIPLINED BY ANYONE OTHER THAN THE PROVIDER OR AN APPROVED ASSISTANT.

1. What are the situations in which you feel some type of discipline is necessary?

____

____

sample

How would you go about disciplining the children in your care?

SUPERVISION OF CHILDREN 8.10 (1) through (7)

NO ONE OTHER THAN THE PROVIDER OR AN APPROVED ASSISTANT SHALL PROVIDE CARE TO CHILDREN EXCEPT IN AN EMERGENCY. CHILDREN MAY NOT BE LEFT IN THE CARE OF HOUSEHOLD MEMBERS AT ANY TIME UNLESS THEY ARE APPROVED BY THE OFFICE AS APPROVED ASSISTANTS OR EMERGENCY PEOPLE.

1. What steps would you take in a medical emergency if something happened to you or a day care child?

PLEASE READ CAREFULLY

The furnishing or making of any misleading or false statement or report in this application is grounds to refuse to issue or refuse to renew your acceptance as an Approved Assistant.

I, the undersigned, hereby state that I am an applicant for acceptance as an Approved Assistant; that I have read and understand the questions in this application; that I have read 102 CMR 8.00 Standards for the Licensure or Approval of Family Day Care Homes hereafter Regulations; and that to the best of my knowledge the information I have provided or the responses I have given are true to the best of my knowledge; that I agree to comply with the Regulations, and I understand that the Office may at any reasonable time visit and inspect the family day care home.

Date

Signature of Applicant

sample

DID YOU REMEMBER TO:

- ☐ COMPLETE ALL REQUIRED INFORMATION?
- ☐ GIVE ACCURATE AND COMPLETE MAILING ADDRESS FOR ALL REFERENCES?
- ☐ INCLUDE BACKGROUND INFORMATION FORM (CORI I) FILLED OUT AND SIGNED BY YOU?
- ☐ INCLUDE EMPLOYER RELEASE OF INFORMATION (CORI VII A) SIGNED BY YOU?
- ☐ DATE AND SIGN APPLICATION?

REMEMBER

- AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU

sample

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE FOR CHILDREN

Dear Family Day Care Provider:

A Certificate of Registration is valid for two (2) years. Your Certificate to operate a family day care home is due to expire soon. To apply for renewal of your Certificate, you must re-read the Regulations, complete the attached Renewal Form and return it by ____________________ to:

FAILURE TO RENEW AT THIS TIME WILL NECESSITATE RE-APPLICATION

PLEASE BE ADVISED THAT STATE LAW G.L., CHAPTER 28A REQUIRES THAT ANYONE CARING FOR CHILDREN IN THEIR HOME HAVE A VALID CERTIFICATE (LICENSE) TO OPERATE A FAMILY DAY CARE HOME. IF YOU ARE STILL CARING FOR DAY CARE CHILDREN OR PLAN TO CARE FOR CHILDREN IN THE FUTURE, YOU MUST RENEW YOUR CERTIFICATE AND YOU MUST BE IN COMPLIANCE WITH THE RULES AND REGULATIONS FOR OPERATING A FAMILY DAY CARE HOME.

If you have any questions regarding this matter, please call the Family Day Care Unit at the telephone number listed above.

RENEWAL FORM

THE UNDERSIGNED HEREBY APPLIES FOR A CERTIFICATE TO OPERATE A FAMILY DAY CARE HOME

- -

PLEASE PRINT OR TYPE ALL ANSWERS:

NAME: ______________________________ TELEPHONE NUMBER: ______________
(LAST) (FIRST)

ADDRESS: ____
(STREET NUMBER) (STREET) (FLOOR LEVEL) (APT. NO.) (CITY) (ZIP CODE)

MAILING ADDRESS (IF DIFFERENT THAN ABOVE): ______________________________

ARE YOU CURRENTLY WORKING WITH A FAMILY DAY CARE SYSTEM? _____YES _____NO
IF YES, NAME OF SYSTEM ____

sample

PERSONAL REFERENCES: Please give the names and complete addresses of two persons OTHER THAN RELATIVES (this includes in-laws) who have seen you caring for young children and have known you for at least 1 year. Reference forms will be mailed to each person listed. (AT LEAST ONE REFERENCE MUST BE FROM THE PARENT OF A CHILD WHO ATTENDED OR ATTENDS YOUR FAMILY DAY CARE HOME, IF APPLICABLE).

(1) NAME: ______________________ TELEPHONE NUMBER: __________

MAILING ADDRESS: ______________________ ZIP CODE: ________

RELATIONSHIP TO APPLICANT: ______________________

(2) NAME: ______________________ TELEPHONE NUMBER: __________

MAILING ADDRESS: ______________________ ZIP CODE: ________

RELATIONSHIP TO APPLICANT: ______________________

OTHER PERSONS CURRENTLY LIVING IN YOUR HOME:

NAME	DATE OF BIRTH	OCCUPATION OR SCHOOL	RELATIONSHIP TO APPLICANT	NUMBER OF HOURS HOME DURING DAY CARE

NUMBER OF CHILDREN YOU WISH TO REGISTER TO CARE FOR: __________

ARE YOU PRESENTLY CARING FOR CHILDREN? YES ___ NO ___

DO YOU HAVE AN APPROVED ASSISTANT? YES ___ NO ___

THIS INDIVIDUAL MUST COMPLETE AN APPROVED ASSISTANT RENEWAL (FORMS WILL BE SENT)

*NAME OF ASSISTANT: ______________________ DATE OF BIRTH: ______

MAILING ADDRESS: ______________________ TELEPHONE #: __________

BRIEF DESCRIPTION OF HOURS AND DUTIES OF ASSISTANT: ______________________

*If you would like to have someone approved complete the above information and an application will be sent.

sample

sample

HEALTH

1. Are you presently in good physical health? Yes ___ No ___

   Are you presently in good mental health? Yes ___ No ___

   Are you presently free from communicable disease? Yes ___ No ___

2. Are you taking any medication? Yes ___ No ___ If yes, explain and list name of medication: ___

3. Within the past two (2) years have you been treated or hospitalized for any physical illness? Yes ___ No ___

   Within the past two (2) years have you been treated or hospitalized for any mental illness? Yes ___ No ___

   If yes, please explain: ___

4. Name and complete address of physician who prescribed the medication or treatment.

5. Date of last physical examination: ___ (MONTH) ___ (YEAR)

6. Is there anyone else in your household with a physical illness? Yes ___ No ___

   Is there anyone else in your household with a mental illness? Yes ___ No ___

   Is there anyone else in your household with a communicable disease? Yes ___ No ___

   If yes, please explain: ___

INDOOR SPACE

Please identify all rooms to be used by Family Day Care Children (include kitchen)

ROOM	USE	SIZE (Please measure)	FLOOR LEVEL
EXAMPLE: Living Room	Play & Nap	10' X 14' = 140'	1st

1. Describe the exits from each floor level in your home: Note: Evacuation routes must also be child proofed.

	FLOOR LEVEL	NUMBER OF EXITS	DESCRIPTION OF EXITS
SAMPLE:	First	Two (2)	Front door; Back door to yard

2. Since your last application, have there been any changes in your household members? Yes ___ No ___

*If yes, please explain: ______________________________

____

____

3. Since your last application, have there been any changes within your family which might affect your ability to care for day care children (for example, other employment)? Yes ___ No ___

*If yes, please describe below: ______________________________

____

____

BACKGROUND INFORMATION

A CHECK OF THE MASSACHUSETTS CRIMINAL OFFENDER RECORD INFORMATION AND A CHECK OF RECORDS IN OTHER JURISDICTIONS WHEN APPROPRIATE WILL BE PERFORMED PRIOR TO RENEWAL. YOU HAVE A RIGHT TO APPEAL TO THE CRIMINAL SYSTEMS HISTORY BOARD IF YOU FEEL THE INFORMATION GATHERED BY A C.O.R.I. CHECK IS INACCURATE OR INCORRECT.

IF YOU WISH TO CONTEST A DECISION MADE BY THE OFFICE FOR CHILDREN PURSUANT TO 102 CMR 8.04 (5), YOU MAY DO SO BY FILING A REQUEST WITH THE DIRECTOR OF LICENSING WITHIN TEN (10) DAYS OF RECEIPT OF THE DECISION. THIS REQUEST SHALL SET FORTH THE SPECIFIC REASONS WHY THE DECISION SHOULD BE REVERSED, ANY MITIGATING CIRCUMSTANCES, AND ANY INFORMATION THAT YOU HAVE THAT THE OFFICE RELIED UPON INCORRECT INFORMATION IN REACHING ITS DECISION

1. Within the past two (2) years, have you or any other person living in the home or regularly on the premises been found to be a parent who has physically abused a child? Yes _____ No _____

   Within the past two (2) years, have you or any other person living in the home or regularly on the premises been found to be a parent who has emotionally neglected a child? Yes _____ No _____

   Within the past two (2) years, have you or any other person living in the home or regularly on the premises been found to be the parent of a child who has been adjudicated to be in need of care and protection? Yes ___ No ___

*If yes, to any of the above, please explain: ______________________________

____

____

*If additional space is needed, attach another paper as necessary.

sample

2. Within the past two (2) years, have you or any other person living in your home or regularly on the premises been convicted of an offense involving sexual abuse?
Yes ___ No ___

Within the past two (2) years, have you or any other person living in your home or regularly on the premises been convicted of an offense involving rape? Yes ___ No ___

Within the past two (2) years, have you or any other person living in your home or regularly on the premises been convicted of an offense involving child abuse?
Yes ___ No ___

Within the past two (2) years, have you or any other person living in your home or regularly on the premises been convicted of any other offense involving children or have such charges pending? Yes ___ No ___

Have you or any other person living in your home or regularly on the premises been convicted of any of the offenses listed in Appendix A. of the Family Day Care regulations or have such criminal charges pending? Yes ___ No ___

*If yes, to any of the above, please explain: ______________________________

____

3. Do you or any other person living in the home or regularly on the premises use alcoholic beverages to an extent or in a manner that impairs your ability to care for children properly? Yes ___ No ___

Do you or any other person living in the home or regularly on the premises use narcotics to an extent or in a manner that impairs your ability to care for children properly? Yes ___ No ___

Do you or any other person living in the home or regularly on the premises use other drugs to an extent or in a manner that impairs your ability to care for children properly? yes ___ No ___

*If yes, to any of the above, please explain: ______________________________

____

____

4. Within the past two (2) years have you or any other person living in your home or regularly on the premises had any legal proceedings brought against you which relate to the operation of the Family Day Care Home? Yes ___ No ___

*If yes, to any of the above, please explain: ______________________________

____

____

5. Within the past two (2) years has any child in your care suffered serious illness or injury as a result of something that happened while at your home or while in family day care? Yes ___ No ___

Within the past two (2) years has any child in your care been hospitalized as a result of something that happened while at your home or while in family day care?
Yes ___ No ___

Within the past two (2) years has any child in your care needed emergency medical treatment as a result of something that happened while at your home or while in family day care? Yes ___ No ___

*If yes, to any of the above, please explain: ______________________________

____

____

*If additional space is needed, attach another paper as necessary.

Sample

CARE OF CHILDREN

1. Describe in detail what you might plan on a typical day with day care children. PLEASE INCLUDE ROUTINES, PLAY ACTIVITIES, SCHEDULE, ETC.

NUTRITION

PLEASE GIVE SAMPLE MENUS OF THE TYPES OF MEALS AND SNACKS YOU WOULD PROVIDE TO CHILDREN OR EXPECT THE PARENTS TO PROVIDE TO THEIR CHILDREN FOR A THREE (3) DAY PERIOD:

	FIRST DAY	SECOND DAY	THIRD DAY
BREAKFAST:			
SNACK:			
LUNCH:			
SNACK:			

DISCIPLINE

A CHILD SHALL NOT BE DISCIPLINED BY ANYONE OTHER THAN THE PROVIDER OR AN APPROVED ASSISTANT

1. What are the situations in which you feel some type of discipline is necessary?

2. How do you discipline the children in your care?

sample

PLEASE READ CAREFULLY

The following statements refer to your compliance with particular requirements of the Family Day Care Regulations which you must either comply with to receive a license or comply with after you receive a license.

I hereby state that the following is true; I agree to:

ROUTINES, ACTIVITIES, CARE OF CHILDREN 8.04 (3), 8.09 (1)(3)(a) through (d)

1. Provide sufficient space for free movement . . . . Yes ___ No ___
2. Attend to the physical and nutritional needs of each child . . . . Yes ___ No ___
3. Provide a variety of activities and play opportunities . . . . Yes ___ No ___
4. Spend part of each day directly involved with the children's activities . . . . Yes ___ No ___
5. Provide opportunities during the day when the child can help (such as helping with snacks and meals) . . . . Yes ___ No ___
6. Encourage active play and participation as well as listening and watching . . . . Yes ___ No ___
7. Provide opportunities for conversation, handling different types of equipment and materials . . . . Yes ___ No ___
8. Provide regular outdoor time . . . . Yes ___ No ___
9. Provide rest time as needed . . . . Yes ___ No ___
10. Provide one snack for each four hour period of care . . . . Yes ___ No ___
11. Make drinking water freely available . . . . Yes ___ No ___
12. Regularly practice evacuations with the day care children . . . . Yes ___ No ___

PREVENTION OF ABUSE OR NEGLECT 8.09 (5)(6)

13. Operate my Family Day Care Home in such a way as to protect children from abuse and neglect . . . . Yes ___ No ___
14. Cooperate in all investigations including abuse and neglect . . . . . . Yes ___ No ___

SUPERVISION 8.10

15. The supervision of children at all times by myself or an Approved Assistant (whose acceptance is affixed to my license) . . . . Yes ___ No ___

RECORDS, PERMISSIONS, NOTIFICATIONS

16. Display the Certificate of Registration in my home . . . . Yes ___ No ___
17. Care only for the number of day care children which will appear on the Certificate of Registration, AT ANY ONE TIME . . . . Yes ___ No ___
18. Care for only two children under the age of two years including my own children (unless I have an Approved Assistant present throughout the time the 3rd or more child is present) . . . . Yes ___ No ___
19. Obtain the information required to be kept on file on each child in my care prior to their enrollment in my program . . . . Yes ___ No ___
20. Obtain written parental permission before giving any medication to children . . . . Yes ___ No ___
21. Keep a daily record of all medication given to children . . . . Yes ___ No ___

sample

22. Maintain a record of attendance and other required information in accordance with Regulation 8.12(19)(a) through (d) . . . Yes ___ No ___

23. Maintain the required records for a period of five (5) years from the termination of a child from care . . . . Yes ___ No ___

24. Honor the confidentiality of all records kept on children . . . . Yes ___ No ___

25. Inform parents about the operation of my family day care home and about the care their children receive whenever requested . . Yes ___ No ___

26. Allow parents to visit unannounced at any time during the hours that child care is provided . . . . Yes ___ No ___

27. Notify the Office of my new address before I move . . . . Yes ___ No ___

28. Notify the Office of any change in my telephone number . . . . . . Yes ___ No ___

29. Notify the Office of any change in my household composition . . . Yes ___ No ___

30. Notify the Office in writing within five (5) days of the initiation of any legal proceedings against me or anyone regularly on my premises in accordance with Regulation 8.13(17) . Yes ___ No ___

31. Immediately report to the Office any report filed under G.L.c. 119 s.51-A in which I am named, or my approved assistant, household member, or any person regularly on my premises is named as the alleged perpetrator of abuse and neglect of any child as soon as I learn of the report . . . . Yes ___ No ___

32. Notify the Office immediately of the death, hospitalization or emergency treatment of any child during the hours I am caring for the children . . . . Yes ___ No ___

33. Provide day care regardless of race, religion, cultural heritage or marital status of the parent . . . . Yes ___ No ___

34. Make a report to the Department of Social Services if I suspect that a child in my care is suffering from physical or emotional injury due to abuse or neglect . . . . Yes ___ No ___

I hereby state that I have read the regulations and have read and checked the above affirmations:

________________________ ________________________

Date Signature

SUPERVISION

NO ONE OTHER THAN THE PROVIDER OR AN APPROVED ASSISTANT SHALL PROVIDE CARE TO CHILDREN EXCEPT IN AN EMERGENCY. CHILDREN MAY NOT BE LEFT IN THE CARE OF HOUSEHOLD MEMBERS AT ANY TIME UNLESS THEY ARE APPROVED BY THE OFFICE AS APPROVED ASSISTANTS OR EMERGENCY PEOPLE.

1. List the names of two (2) persons who have agreed to assist you with child care in the event of an unanticipated medical emergency.

	NAME	TOWN	DISTANCE FROM YOUR HOME (IN MINUTES)	TELEPHONE NUMBER (MUST HAVE A PHONE)
(1)				
(2)				

sample

HOME SAFETY

1. DOES YOUR HOME HAVE THE FOLLOWING:

Peeling or flaking painted surfaces inside or outside? . . . . . . Yes ___ No ___

A working flashlight? . . . . Yes ___ No ___

First aid materials, including antiseptic, bandages and a thermometer? . . . . Yes ___ No ___

Well water? . . . . Yes ___ No ___

If yes, submit a current well water test from a D.E.Q.E. approved lab with your renewal application

A fire extinguisher located in the kitchen (MOUNTED ON THE WALL AWAY FROM THE STOVE AND NEAR AN EXIT)? . . . . Yes ___ No ___

Is the fire extinguisher fully charged? . . . . Yes ___ No ___

BRAND NAME: ________________ CLASSIFICATION: ______________ WEIGHT (lbs/ozs): __________

2. Where are the following materials stored and what prevents children from gaining access to them:

a) MEDICINES: ____

b) CLEANING MATERIALS (including aerosol cans, bleaches, and dish detergents, floor wax, etc.): ____

c) KITCHEN KNIVES: ____

d) SHARP INSTRUMENTS AND TOOLS: ____

e) FIREARMS (GUNS): ____

f) AMMUNITION: ____

3. Where are your emergency telephone numbers posted? ______________________________

a) Do you have posted all telephone numbers required under Regulation 8.08(17)?
Yes ___ No ___

4. How often do you practice emergency evacuation with the day care children?

____

5. Describe your emergency evacuation plan: ______________________________

____

OUTDOOR SPACE

1. Where do the children play outside: OWN YARD _____ NEIGHBORHOOD PARK _____
OTHER _____

2. Please describe outside play area:

TYPE OF SPACE		SIZE(Please measure)	IF USING A PARK, PLEASE STATE NAME AND DISTANCE FROM YOUR HOME
EXAMPLE:	YARD	45' X 50'	
	PARK	100' X 100'	LINCOLN PARK - 2 BLOCKS AWAY

A. YARD: ____

B. PARK: ____

C. OTHER: ____

sample

	YARD	PARK	OTHER
3. Is outdoor space located on a busy street?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Is this space fenced?	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

If yes, please describe (include type and height of fence):

YARD: ______ PARK: ______ OTHER: ______

4. Does outdoor play space have any of the following:	YARD	PARK	OTHER
Debris, broken glass	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Construction materials	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Open wells, lakes, rivers, brooks	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Peeling paint	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Railroad tracks	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___
Any other hazardous situations	Yes ___ No ___	Yes ___ No ___	Yes ___ No ___

If yes, please describe; ______________________________

____

____

NAPPING SPACE AND BEDDING

1. On what will each day care child nap? (e.g. one cot, two beds). NOTE: Each family bed counts as one space regardless of its size. If slats on cribs are more than two and three eighths inches apart, a crib bumper pad must be used.

____

____

CHILDREN'S RECORDS

1. List the names and ages of children currently enrolled in your program:

____

____

____

____

2. Do you have up to date child care records on children enrolled? Yes ___ No ___

NOTE: 8.12(8): CHILDREN'S RECORDS. THE PROVIDER SHALL KEEP THE WRITTEN INFORMATION, PERMISSIONS, AND HEALTH RECORDS REQUIRED IN THIS SUBCHAPTER READILY AVAILABLE AND IN ONE PLACE FOR EACH CHILD IN CARE; AND SHALL MAINTAIN THESE RECORDS FOR A PERIOD OF 5 YEARS FROM THE DATE OF TERMINATION OF A CHILD FROM CARE.

3. Where do you keep the child care records? ______________________________

____

PROBLEMS OR CONCERNS

1. Have you had any problems or concerns regarding your family day care home in the past two (2) years? Yes ___ No ___

sample

If yes, please explain: ____

____

RULES AND REGULATIONS

1. Have you re-read the Rules and Regulations for the Licensure or Approval of Family Day Care Homes? Yes ___ No ___

2. Are you in compliance with all applicable Rules and Regulations? Yes ___ No ___

If no, please list regulations which you are not in compliance with and explain:

____

____

____

____

____

____

PLEASE READ CAREFULLY

The furnishing or making of any misleading or false statement or report in this application is grounds to revoke, suspend, refuse to issue, or refuse to renew a family day care license or Certificate of Registration.

I, the undersigned, hereby state that I am an applicant for a Family Day Care license or certificate; that I have read and understand the questions in this application; that I have read 102 CMR 8.00 Standards for the Licensure or Approval of Family Day Care Homes hereafter Regulations; and that to the best of my knowledge the information I have provided or the responses I have given are true to the best of my knowledge; that I agree to operate my family day care home in compliance with the Regulations, and I understand that the Office may at any reasonable time visit and inspect my home.

Signed under pains and penalties of perjury.

______________________ ______________________________

Date Signature of Applicant

sample

THE COMMONWEALTH OF MASSACHUSETTS

OFFICE FOR CHILDREN

MARY KAY LEONARD
DIRECTOR

AREA CODE (617)
727-8900

TO: ALL OFFICE FOR CHILDREN LICENSEES

FROM: MARY KAY LEONARD, DIRECTOR

RE: TAX CERTIFICATION

All persons or corporations licensed by an Agency of the Commonwealth (or any city or town) must be in compliance with all Laws of the Commonwealth relating to taxes (MGL Chapter 62c, Section 47a and 49a).

Section 47a requires that the Office for Children provide the Commissioner of Revenue, on or before February first of each year, a list of all licenses issued during the previous year with the name, address, social security number or federal identification number of the licensee.

This section also provides that licenses shall be revoked if a licensee is found to be delinquent in any taxes under Chapter 62c after certain procedures specified in 830 CMR 62c. 48 are followed.

Section 49a requires that as part of the application process, all applicants for a license or renewal of a license certify under the penalties of perjury that they have complied with all laws of the Commonwealth relating to taxes. A form for certification is now part of the Office for Children license application packets.

This section also requires denial of an application if the Commissioner of Revenue finds an applicant is in violation of tax laws.

sample

TAX CERTIFICATION STATEMENT

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if Applicable)

**Social Security Number (Voluntary) or Federal Identification Number

* THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY THE APPLICANT.

** YOUR SOCIAL SECURITY NUMBER WILL BE FURNISHED TO THE MASSACHUSETTS DEPARTMENT OF REVENUE TO DETERMINE WHETHER YOU HAVE MET TAX FILING OR TAX PAYMENT OBLIGATIONS. LICENSEES WHO FAIL TO CORRECT THEIR NON-FILING OR DELINQUENCY WILL BE SUBJECT TO SUSPENSION OR REVOCATION. THIS REQUEST IS MADE UNDER THE AUTHORITY OF MASSACHUSETTS GENERAL LAW, CHAPTER 62c, SECTION 49A.

sample

DID YOU REMEMBER TO:

[ ] COMPLETE ALL REQUIRED INFORMATION?

[ ] GIVE ACCURATE AND COMPLETE MAILING ADDRESS FOR ALL REFERENCES?

[ ] INCLUDE BACKGROUND INFORMATION FORMS (CORI I) FILLED OUT AND SIGNED BY ALL ADULT HOUSEHOLD MEMBERS, 17 YEARS OLD AND OVER, INCLUDING YOURSELF?

[ ] INCLUDE EMPLOYER RELEASE OF INFORMATION (CORI VII A) SIGNED BY YOU?

[ ] DATE AND SIGN APPLICATION ---- PAGE 12 & 13?

[ ] SIGN TAX CERTIFICATION FORM?

sample

REMEMBER

AN INCOMPLETE APPLICATION WILL BE RETURNED TO YOU!

APPENDIX - Sample Blank Forms

The following forms in this section may be copied as needed.

Enclosed:

- Register and Parental Visit Notice
- General Permission to Take Child Off the Premises
- Medical History and Immunization Form
- Parent Fact Sheet
- Special Excursion
- Parental Permission for Medication
- Record of Medication Administration
- Attendance Records
- Record of Injury
- Record of Observations
- Change in Household Composition
- General Permission for Outdoor Play
- Evacuation Log
- Parent Provider Agreement
- Income Summary
- Mileage Record
- Record of Expenses
- Advertising Poster

REGISTER AND PARENTAL VISIT NOTICE

THE OFFICE'S REGULATIONS REQUIRE THAT THE FOLLOWING INFORMATION BE OBTAINED PRIOR TO ENROLLMENT (ATTENDANCE) OF A CHILD IN A FAMILY DAY CARE HOME. EVERY QUESTION MUST BE ANSWERED COMPLETELY. STATE "NOT APPLICABLE" (N/A) FOR ANY SECTION THAT DOES NOT APPLY TO YOUR CHILD.

REGISTER

DATE OF ADMISSION: ____________________

CHILD'S FULL NAME: ____________________

ADDRESS: ____________________

NICKNAME: ____________________

DATE OF BIRTH: ____________________

USUAL ARRIVAL TIME: ____________________

DEPARTURE TIME: ____________________

NAME(S) OF PARENT(S): ____________________

HOME ADDRESS: ____________________

TELEPHONE NUMBER: ____________________

BUSINESS ADDRESS OF MOTHER:

NAME OF BUSINESS: ____________________

ADDRESS: ____________________

TELEPHONE NUMBER: ____________________ EXTENSION ______

INSTRUCTIONS TO REACH MOTHER:

BUSINESS ADDRESS OF FATHER:

NAME OF BUSINESS: ____

ADDRESS: ____

TELEPHONE NUMBER:____________________EXTENSION__________

INSTRUCTIONS TO REACH FATHER:

EMERGENCY CONTACT

Person to be notified in case of emergency when parent or guardian cannot be reached:

NAME: ____

ADDRESS: ____

TELEPHONE NUMBER ____________________

PERSON(S) OTHER THAN PARENT(S) AUTHORIZED TO TAKE CHILD FROM FAMILY DAY CARE HOME (IF ANY):

NAME: ____

ADDRESS: ____

TELEPHONE NUMBER: ____________________

CHILD'S SCHEDULE AND INTERESTS

THE FOLLOWING INFORMATION ON YOUR CHILD'S ROUTINE AND ACTIVITIES WILL BE HELPFUL TO THE PROVIDER. FOR ANY SECTION THAT DOES NOT APPLY TO YOUR CHILD, STATE "NOT APPLICABLE" (N/A).

EATING

SCHEDULE:____

FOOD PREFERENCES (OR DISLIKES):______________________

____

FOOD ALLERGIES:___________________________________

SLEEPING:

NAPPING SCHEDULE:________________________________

DOES CHILD HAVE A "FUSSY" TIME? YES___ NO___

IF SO, WHEN?______________________________________

REST SCHEDULE (FOR OLDER CHILD):_____________________

____

TOILETING

IS CHILD TOILET TRAINED?_____________________________

SCHEDULE:____

ANY RECURRING PROBLEMS WITH DIAPERING OR TOILETING?

____

____

ALLERGIES

DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD, MEDICATION, INSECTS, ETC.)?

____

____

PLAY

CHILD'S FAVORITE ACTIVITIES - INDOORS: ____________________

____

CHILD'S FAVORITE ACTIVITIES - OUTDOORS: ____________________

____

ANY SPECIAL MEDICAL OR EMOTIONAL PROBLEMS: ____________________

OTHER INFORMATION ABOUT YOUR CHILD:

ADD ANY INFORMATION ABOUT YOUR CHILD WHICH YOU FEEL WOULD HELP THE PROVIDER IN OFFERING A GOOD DAY CARE EXPERIENCE FOR HER/HIM.

CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE

NAME:____________________TELEPHONE:__________

ADDRESS:____________________

MEDICAL EMERGENCY TREATMENT*

I hereby give ____________________
(NAME OF PROVIDER)

and ____________________ permission to take my child,
(APPROVED ASSISTANT(S)

____________________, to a hospital for medical treatment
(NAME)

when I cannot be reached or when delay would be dangerous to the child's health.

____________________ ____________________
(DATE) (PARENT SIGNATURE)

*OFFICE FOR CHILDREN RECOMMENDS CHECKING WITH YOUR LOCAL HOSPITAL ABOUT THE ACCEPTABILITY OF THIS STATEMENT.

MEDICAL INSURANCE INFORMATION (OPTIONAL)

SUBSCRIBERS NAME:____________________________________

TYPE OF INSURANCE:____________________________________

POLICY NUMBER:____________________________________

I acknowledge that I have received a copy of the Parent Fact Sheet and a copy of the Parent Summary of the Requirements for Family Day Care Homes.

____________________ _________________________
(DATE) (PARENT SIGNATURE)

PARENT FACT SHEET

NOTE: PARENT FACT SHEET TO BE RETAINED BY PARENT AND USED AS A TOOL TO EVALUATE THE FAMILY DAY CARE PROVIDER'S COMPLIANCE WITH O.F.C. REGULATIONS.

PARENTAL VISITS NOTICE

102 CMR 8.12(18): PARENTAL VISITS. Parents shall be able to visit a family day care home unannounced at any time during the hours that child care is provided. The provider shall inform all parents of this policy in writing, and a copy of such notification shall be maintained in the child's record.

I acknowledge that I have read the above PARENTAL VISITS NOTICE.

____________________ _________________________
(DATE) (PARENT SIGNATURE)

GENERAL PERMISSION
TO TAKE CHILD OFF THE PREMISES

NOTE: 102 CMR 8.12(6)(a): Requires the provider to secure written parental permission to take the child off the premises of the family day care home, on a form which lists the types of excursions (going to the store, riding in a car, swimming etc.) in which the provider might normally engage.

The provider may use the example provided below, or she/he may choose to use a similar form, which includes all the information on the form below.

GENERAL PERMISSION

I, hereby give ______________________________ and ____________________
(NAME OF PROVIDER) (APPROVED ASSISTANT)

permission to take my child ________________________ off the premises of the day
(CHILD'S NAME)

care home for the following specified excursions in which the provider might normally engage:

____________________ ________________________
(DATE) (PARENT SIGNATURE)

102 CMR 8.12(12): Requires the provider to secure written parental authorization for any activity which does not appear on the General Permission, prior to that activity.

SEE SAMPLE PACKET F.D.C. FORM #1 FOR EXAMPLE FOR A FORM WHICH MAY BE USED FOR SPECIAL EXCURSIONS.

MEDICAL HISTORY AND IMMUNIZATION FORM

DEAR PHYSICAN: ____________________ is enrolled in a family day care home which is registered with the Office for Children. The Office for Children regulations require the Medical History and Immunization Form be completed and signed by the child's physician or source of health care and returned to the provider within one (1) month of enrollment. A PROMPT RESPONSE IS APPRECIATED.

IDENTIFICATION:

Name of Child ____________________

Address ____________________

Telephone Number ____________________

Name of Parents ____________________

Address ____________________

MEDICAL HISTORY:

Immunization	Dates	Immunization	Dates
Diptheria		Measles	
Pertussis		Mumps	
Tetanus		Rubella	
Poliomyelitis		HIB Vac.	

What is your opinion concerning the child's general health and appearance?

Has this child been tested for lead poisoning? Yes _____ No _____

If Yes, Date Tested: ____________ Results: ____________________

Does this child have any handicaps or chronic medical problems (allergies, limited vision, loss of hearing, etc.) which require special consideration or care by the day care provider? If so, please detail below.

Physician's Signature ____________________ Date ____________

Comments:

Please return to (name of provider, address, telephone number):

Massachusetts
Office for Children

FAMILY DAY CARE

PARENT FACT SHEET

WHAT IS FAMILY DAY CARE?

Family Day Care is the care of one to six children in a private residence. Massachusetts state law, (M.G.L. Chapter 28a, Section 11) requires that any person providing family day care be registered/licensed by the Office for Children. Family day care providers should have a copy of the regulations for operating a family day care home available. You may also obtain a copy by contacting the State House Bookstore located at the State House, Room 116, telephone number, 727-2834.

HOW IS A FAMILY DAY CARE LICENSE OBTAINED?

The provider receives a copy of the regulations detailing the minimum requirements which must be met in order to care for children, completes a detailed application form, and certifies in writing that s/he meets the minimum requirements. A check of the Massachusetts Criminal Offender Record Information (CORI) and a check of records in other jurisdictions when appropriate will be performed prior to licensure.

WHAT INFORMATION MUST I GIVE TO MY PROVIDER?

The information in the Register is required by the Office's regulations and must be kept in the Family Day Care Home at all times. It is suggested that you and the provider fill out the Register together only after you have decided to enroll your child in this home. *THE INFORMATION IN THIS REGISTER IS IMPORTANT FOR THE PROTECTION AND SAFETY OF YOUR CHILD.* The provider cannot provide day care to your child until the information is completed. The Medical History and Immunization Form must be completed by your child's physician or health care facility and returned to the family day care home within four (4) weeks of enrollment.

DOES MY CHILD HAVE LEAD POISONING?

Childhood lead paint poisoning is a serious disease which affects many young children. Lead poisoning may lead to future learning problems for children, or in more serious cases, may result in brain damage and/or mental retardation. Children usually get lead paint poisoning by chewing on or eating lead paint. Exposure to lead paint which is loose, peeling or flaking is especially hazardous. However, even exposure to lead paint which is not flaking is dangerous since children can breathe in lead paint particles in the form of house dust. The majority of all housing stock in Massachusetts contains lead paint. Lead paint is especially likely to exist in homes built prior to 1960. Lead paint continued in limited use in the Commonwealth until the early 1970's. *HOMES CAN BE TESTED FOR LEAD PAINT. ASK YOUR PROVIDER WHETHER THE HOME IN WHICH YOU ARE PLACING YOUR CHILD HAS BEEN TESTED. THE OFFICE FOR CHILDREN CANNOT CERTIFY THAT THIS OR ANY OTHER DAY CARE HOME IS FREE OF LEAD PAINT.*

DOES MY CHILD NEED TO BE SCREENED FOR LEAD POISONING?

Yes, the regulations require that the provider shall obtain, within one (1) month of enrollment, from the parent of each child under the age of six (6) years but not less than two (2) years of age, a statement signed by a physician or health care agency stating that the child has been screened for lead poisoning. For all children admitted to care prior to two (2) years of age, the provider shall obtain, within one (1) month of the child's second birthday, from the parent a statement signed by a physician or health care agency stating that the child has been screened for lead poisoning.

SUMMARY OF THE REQUIREMENTS FOR FAMILY DAY CARE HOMES

You can use the following questions to evaluate a family day care home:

NUMBER OF CHILDREN

1 Is the license posted? What is the licensed capacity?
2. Is the provider caring for only the number of children which appears on the license?
3. Is the provider caring for no more than two children under the age of 2 years?
4. Does the provider have an Approved Assistant listed on her license? If the approved assistant works full time in the family day care home, the provider may care for more than two children under the age of two years.

NAPPING AND PLAY SPACE

5. Are there two separate exits leading to the outside from each floor used by children?
6. Is there an individual bed, cot, sofa, mat, or sleeping bag for each day care child under 15 months of age.
7. Is there enough space used in the home to allow for free movement of children?
8. Is the outdoor play space safe and free from any hazardous conditions such as:
   - Access to a busy street.
   - Broken glass or other debris.
   - Open wells, lakes, rivers, brooks or swimming pools.
9. Are there any porches or decks above the first floor? If so, they cannot be used by day care children *unless* they are *fully enclosed* and *structually sound.*

HOME SAFETY

10. Is the home free of any peeling or flaking paint inside and outside?
11. Is there a fire extinquisher readily available in the kitchen?
12. Are all potentially dangerous materials (cleaning agents, medicines, knives, poison, etc) stored in safe places out of the reach of children?
13. Are all heating elements (i.e. wood stoves, radiators, fireplaces) barricaded or protected so that children cannot come into contact with them? *Portable* space heaters are not allowed.

CARE OF CHILDREN

14. Are there enough age appropriate play materials available for the number of children?
15. Does the provider spend some part of the day directly involved with the children, both individually and in a group?
16. Does the provider's daily schedule include a variety of activities: quiet and active times, as well as indoor and outdoor play?
17. If there are floor levels indicated on the Certificate of Registration, these are the only floor levels that may be used for day care purposes.
18. Does the provider allow parents to visit the home unannounced at any time during the hours that child care is provided?

NOTE: This fact sheet is to be retained by parents and used as a tool to evaluate the family day care provider's compliance with OFC regulations.

F.D.C. FORM #1

SPECIAL EXCURSION ("FIELD TRIP")

8.12(6)(b): requires written parental permission for all excursions not listed on the "General Permission" statement; prior to such activity.

SAMPLE

SPECIAL EXCURSION - ("FIELD TRIP")

_______________ and/or _______________
PROVIDER APPROVED ASSISTANT(S)

_______________ has permission to take my child

_______________ to _______________
CHILD'S NAME DESTINATION

____

on _______________
DATE

_______________ _______________
DATE PARENT SIGNATURE

F.D.C. FORM #2

PARENTAL PERMISSION FOR MEDICATION

8.12(5)(a)(b) of the regulations requires written parental authorization prior to the administration of prescription and non-prescription medication. Prior to the administration of a prescription medication by the family day care provider, a physician's order is required. The label on the medication which indicates that the medicine is for a named child is sufficient. In addition to the doctor's written order, parental authorization is required.

A form similar to the example given below must be completed by the child's parent prior to each series of administrations of medication. For non-prescription medication, permission should not exceed a one year period of time. For prescription medication, permission must be given at the beginning of each new series of dosages.

SAMPLE

PARENTAL PERMISSION FOR MEDICATION

I, ________________________________ give permission to
(PARENT NAME)

____
(FAMILY DAY CARE PROVIDER/APPROVED ASSISTANT)

to administer the following medication(s) to:

____________________________ beginning on ______________
(CHILD'S NAME) (DATE)

____
NAME OF MEDICATION (Specify amount of each dosage and the number of administrations per day.)

____
LENGTH OF TIME TO BE GIVEN. (Specify number of days, weeks, etc.)

F.D.C. FORM #3

RECORD OF MEDICATION ADMINISTRATION

8.12(5)(c) requires the provider to keep a written report of the administration of all medication to children which includes the time and date of each administration and the name of the child.

SAMPLE

RECORD OF MEDICATION ADMINISTRATION

NAME OF CHILD:

DATE	TIME	MEDICATION	DOSAGE	GIVEN BY

F.D.C. FORM #4

ATTENDANCE RECORDS

8.12(19)(d) requires that the provider keep a record of attendance which indicates each day the child is in attendance . . . and any unusual arrival and departure times.

SAMPLE

INSTRUCTIONS: MARK "P" FOR PRESENT, MARK "A" FOR ABSENT. RECORD ANY UNUSUAL ARRIVAL AND/OR DEPARTURE TIMES IN THE BOX UNDER THE APPROPRIATE DAY.

ATTENDANCE RECORDS

WEEK OF: ______________________________

CHILD'S NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

REMINDER: NO MORE THAN SIX (6) CHILDREN AT ANY ONE TIME

F.D.C. FORM #5

RECORD OF INJURY

8.12(19)(a) requires the provider to record a description of any serious or unusual injury received while the child is in care, the date and approximate time of injury, how it was received, treatment given, and content of notification to parents. Office for Children must be notified immediately if emergency treatment or admission to a hospital is required as a result of an injury.

SAMPLE

RECORD OF INJURY

CHILD'S NAME: ______________________________

ADDRESS: ______________________________

TELEPHONE: __ ________________ DATE OF BIRTH: ________________

TIME INJURY OCCURRED: ________________

DESCRIPTION OF INJURY: ______________________________

HOW THE INJURY OCCURRED: ______________________________

____

TREATMENT GIVEN AND BY WHOM: ______________________________

____

NOTIFICATION TO PARENT(s) DATE: ________________ TIME: ________

CONTENT OF NOTIFICATION TO PARENTS: ______________________________

____

NOTIFICATION TO OFFICE FOR CHILDREN - DATE: ________________

METHOD OF NOTIFICATION: ______________________________

PERSON NOTIFIED AT OFFICE FOR CHILDREN: ________________

________________ ________________

(PARENT'S SIGNATURE) (PROVIDER'S SIGNATURE)

________________ ________________

(DATE) (DATE)

F.D.C. FORM #6

RECORD OF OBSERVATIONS

8.12(19)(b) requires the provider to record a description of any serious or unusual marks, bruises and injuries that are observed on a child upon arrival at the day care home or throughout the day.

SAMPLE

RECORD OF OBSERVATIONS

CHILD'S NAME: ____

ADDRESS: ____

TELEPHONE: ____________________ DATE OF BIRTH: ______________

Description of any serious or unusual marks, bruises and injuries that are observed on a child upon arrival at the day care home or throughout the day: ______________________________

____

____

Description of any noticeable changes in the behavior of the child:

____

____

____________________ ____________________

(DATE) (PROVIDER'S SIGNATURE)

F.D.C. FORM #7

CHANGE IN HOUSEHOLD COMPOSITION

8.04 (6) the provider must notify the Office in writing within seven (7) days of any changes of household composition.

SAMPLE

CHANGE IN HOUSEHOLD COMPOSITION

PROVIDER'S NAME: ______________________________

ADDRESS: ______________________________

LICENSE NUMBER: ____________ DATE OF EXPIRATION: ____________

ADDITION TO HOUSEHOLD

NAME	DATE OF BIRTH	OCCUPATION OR SCHOOL	RELATIONSHIP TO APPLICANT	NUMBER OF HOURS HOME DURING DAY CARE

THE FOLLOWING PERSON IS NO LONGER LIVING AT THE FAMILY DAY CARE RESIDENCE AS OF: ____________________
(DATE)

NAME: ____________________ DATE OF BIRTH: ____________

F.D.C. FORM #8

GENERAL PERMISSION FOR OUTDOOR PLAY WITH PERIODIC SUPERVISION

I hereby give ______________________ and ______________________________
name of provider name of approved assistant

permission to allow my child ______________________________ to play outdoors

without ____ being present at all times.
name of provider/approved assistant

I understand that the provider / approved assistant must check my child every fifteen (15) minutes and the time outside alone shall not exceed one hour. I understand that this permission applies **only** to the licensed day care premises of

__________________________________.
street address

______________________________ Date

______________________________ Signature

- * Play areas (yard) must be fenced.
- * Permission applies only to single family homes or licensed 1st floor residences only
- * Permission applies only to children 5 years of age and older.

Family Day Care
April 1987

F.D.C. FORM #9

"SAMPLE"
EVACUATION LOG

Licensee shall conduct practice evacuation sessions with all children in care at a minimum of once per month. Licensee shall maintain a log of each practice session which shall at a minimum include the date of the practice session, the names, and ages of all children in care during each practice session, the exit route used; (Licensee should alternate exits and floor levels at a minimum of every other session), the floor level and the length of time it took to evacuate. Children must be evacuated to outside ground level to a place away from the day care structure.

	NAMES	AGES
NAMES AND AGES OF CHILD/REN PARTICIPATING IN THE EVACUATION.	1. ________	1. ________
	2. ________	2. ________
	3. ________	3. ________
	4. ________	4. ________
	5. ________	5. ________
	6. ________	6. ________

DATE THE EVACUATION WAS PRACTICED. ________ MONTH DAY YEAR

WHICH EXIT WAS USED? ________

WHAT FLOOR LEVEL WAS THE EVACUATION PRACTICED FROM? ________

WHERE DID YOU MEET ONCE YOU EVACUATED? ________

HOW LONG DID THE EVACUATION TAKE? ________ START TIME FINISH TIME

**THE LOG SHALL BE MADE AVAILABLE TO THE LICENSOR UPON REQUEST.

PARENT-PROVIDER AGREEMENT

Date__________

Child: Child's name________________________ Age___

Child's school__________________ Phone______

Likes____

Dislikes______________________________________

Allergies_____________________________________

Medical problems______________________________

Any other information parent feels provider should

Parents: Parent's name(s)_____________ _____________

Address(es)_____________ _____________

Home phone(s)_____________ _____________

Work phone(s)_____________ _____________

Hours: Hours of care are from __________ to __________

Days per week_________________________________

Holidays when care will not be provided_______

____

Fee: The charge is _________per_________

When child is absent, fee will,___will not___be charged (parent must notify provider as soon as possible). In case of holidays, fee will,___ will not___be charged. In case of parent's vacation, fee will,___will not___be charged. In case of provider's vacation, fee will,___ will not___be charged.

_________________________notice must be given before vacation.

_____weeks limit per year (parent)_____weeks limit per year (provider).

Provider: In case of provider's illness, parents must be notified as soon as possible

__________ ______________________________

(Indicate procedure, who is responsible for substitute).

Permission ___ is,___ is not granted for provider to take child in the care.

Pickup: ________________are authorized to pick up child. In case of late

pickup,________ ______________________________

(Will late fee be charged; should children be served dinner?)

Meals: The provider will serve the following meals to the child:

breakfast___
morning snack___
lunch___
afternoon snack___
dinner___

Supplies: Indicate who will furnish:

diapers_____	food_____
formula_____	toys_____
other_____	change of clothes_____

Emergency: Responsible adult (neighbor or relative) who can be contacted:

Name____________________ Phone________

Child's doctor:____________ Phone________

Emergency permission forms are furnished by provider and must be signed by parent, kept in provider's care. Emergency procedures parent wants followed______________________ ____

____

Medication: The provider can give medication only with written permission of parent and, in case of prescribed drugs, with doctor's written order or prescription label.

Guidance: **Parent and provider must discuss and agree on ways to guide behavior.**

Other:

Signed: Parent signature ____________________

Provider signature ____________________

INCOME SUMMARY

Date	Source	Amount	

MILEAGE RECORD

	Odometer Reading		Miles				
Date	Start	Finish	Driven	Destination	Purpose of Trip	Cost	

RECORD OF EXPENSES

Date	Check# orCash	Vendor	Total Paid	Categories of Expenses									

ADVERTISING POSTER

FAMILY DAY CARE AVAILABLE!

By:

Where:

Hours Available:

Cost:

About My Program:

OFC Certificate #:

For more information, call me at:

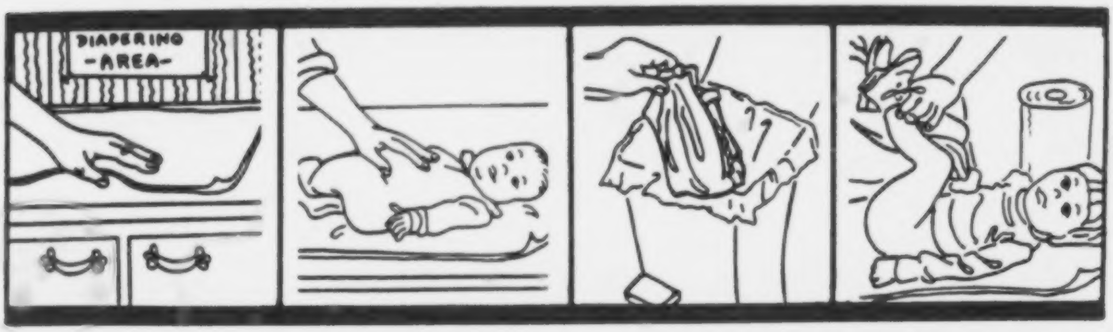
APPENDIX - Health and Safety Handouts

The forms in this section may be copied or posted as needed.

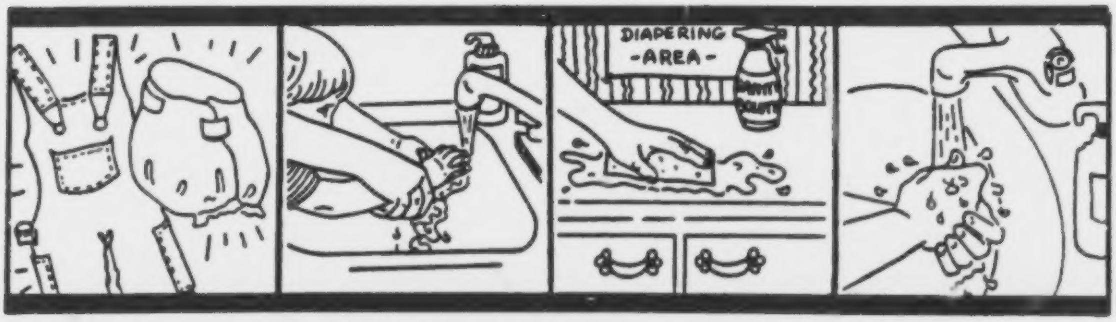
Enclosed:

- How To Change A Diaper
- How To Wash Your Hands
- Preventing Scalds
- If You Suspect A Poisoning
- Preventing Choking
- Stop, Drop and Roll
- Smoke Detectors
- Fire Escape Plan
- Exit Drills in the Home
- Toy Safety
- Poisonous Plants
- Safe Plants

How To Change A Diaper

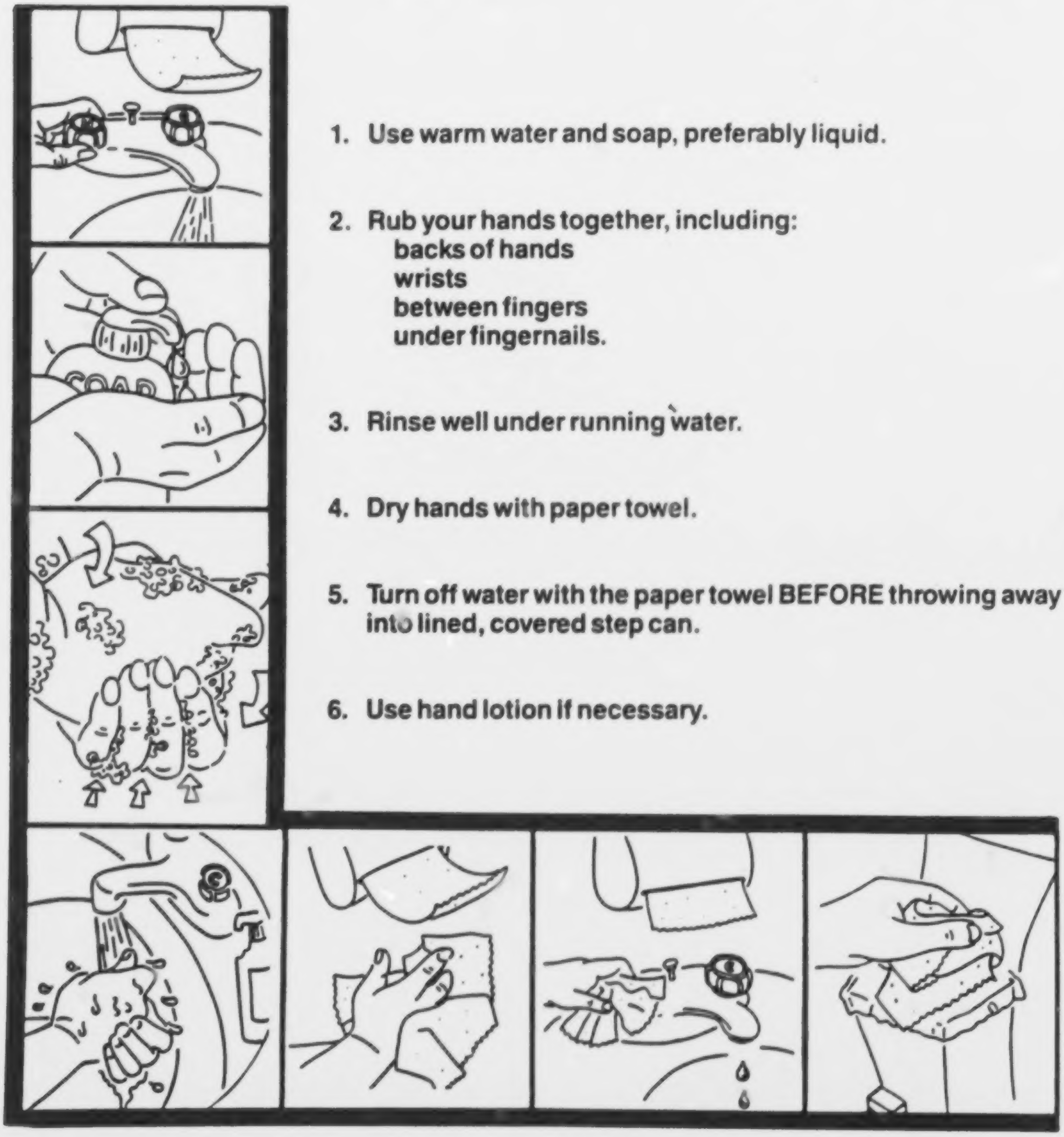


1. CHECK to be sure supplies you need are ready. PLACE paper or other disposable cover on diapering surface.
2. LAY the child on the diapering surface. Hold the child only with your hands if the diaper is soiled. Never leave the *child* unattended.
3. REMOVE soiled diaper and clothes. PUT disposable diapers in a lined, covered step can. PUT soiled clothes or cloth diaper in a plastic bag to be taken home. Do *not* put in toilet; bulky stool may be emptied into toilet.
4. CLEAN the child's bottom with a moist disposable wipe. Wipe front to back using towelette only once. Repeat with fresh wipes if necessary. Pat dry. DISPOSE of the towelette or paper towel in a lined covered step can.
5. Wipe your hands with a moist disposable wipe. DISPOSE of it in the lined covered, step can.
6. DIAPER or dress the child. Now you can hold him or her close to you.
7. WASH the child's hands. Assist the child back to the group.
8. REMOVE disposable covering. Wash the diapering area and DISINFECT it with bleach solution made fresh daily. Then wash your hands.



Adapted from: Preschool Enrichment Team, Inc., Holyoke, Massachusetts.
(May be reproduced)

How To Wash Your Hands



1. Use warm water and soap, preferably liquid.
2. Rub your hands together, including:
    - backs of hands
    - wrists
    - between fingers
    - under fingernails.
3. Rinse well under running water.
4. Dry hands with paper towel.
5. Turn off water with the paper towel BEFORE throwing away into lined, covered step can.
6. Use hand lotion if necessary.

Adapted from: Preschool Enrichment Team, Inc., Holyoke, Massachusetts.
(May be reproduced)

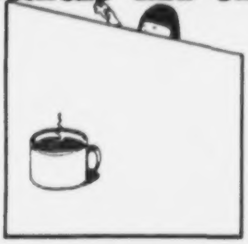
PREVENTING SCALDS

Hot foods and liquid can burn your child like fire!

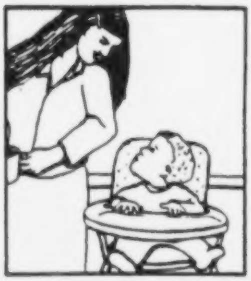
Scald burns from **hot foods, hot liquids, grease** and **bath water**, can be painful and very serious. Many scalds occur to toddlers 1 - 2 years old who are beginning to walk, climb, and REACH.

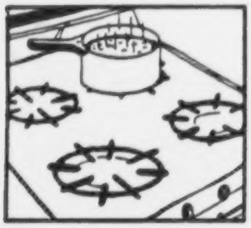
To prevent scalds in the kitchen

Keep hot foods and drinks away from the edge of tables and counters. Don't leave them on a tablecloth that could be grabbed by your child.

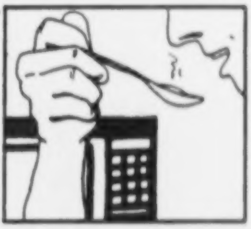


If you're holding something hot—like coffee—put your baby in a safe place. You can't hold both safely.



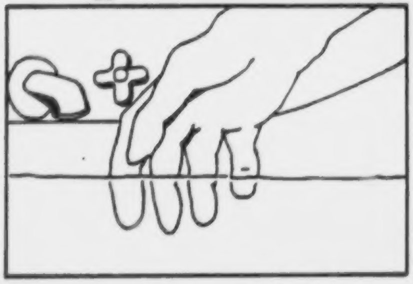


Keep your child in a safe place—away from the stove—while you are cooking. Turn pot handles toward the back of the stove where a child is less likely to reach.

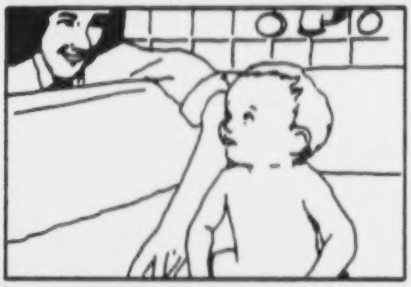


Always test your child's heated food—especially bottles. Be very careful to test food heated in a microwave oven—it could be dangerously hot.

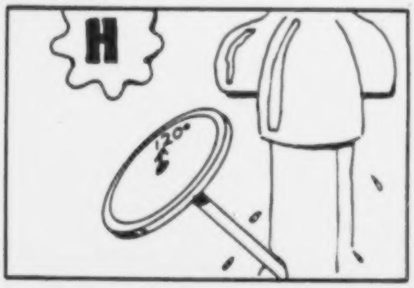
To prevent scalds in the bathroom:



Always check the water before placing your child in the tub. A child's skin is more tender than an adult's, and more easily burned by hot water.



Watch your child during bathtime. Don't leave your child alone—*even to answer the phone or the door.* Children like the fun of running water, and may be burned if they turn on the faucet themselves. Older children have also scalded their younger brother or sister when they tried to help out at bathtime. An adult always needs to be with the child while they are bathing!



Measure the temperature of your hot tap water (let it run for 3 minutes) with a meat, candy, or water thermometer. For safe bathing, it should be 120° *or lower.* (Mass. law allows tap-water temperature to be between 110°-130° only). If the water is *over 120°*, lower the hot water heater setting to low or warm. (If you rent, you may need to ask your landlord to do this).

Statewide Comprehensive Injury Prevention Program
Mass. Department of Public Health, Division of Family Health Services
150 Tremont Street, 3rd Floor, Boston, MA 02111 (617) 727-1246

SCIPP

IF YOU SUSPECT A POISONING

The Massachusetts Poison Center received 66,000 calls in 1985 related to cases of poisoning; 65% of these to children under age 5. Most occurred from swallowing common household items like medicine, cleaners, vitamins and poisonous plants. Many poisonings can be treated safely at home IF YOU CALL FOR MEDICAL ADVICE FIRST.

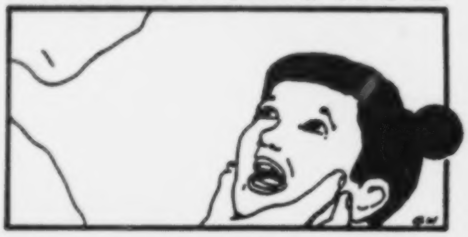
Be prepared:...

- Keep a bottle of Ipecac Syrup in your home. Ipecac Syrup is used as a treatment for some poisonings and can be purchased at a drugstore for under $2.00.

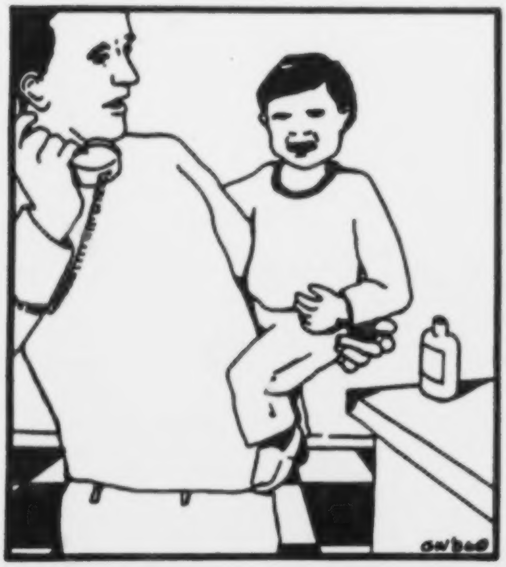
MASSACHUSETTS POISON INFORMATION CENTER
Greater Boston Area
232-2120
Other Massachusetts Areas
1-800-682-9211

- Keep this number on your telephone. (If you don't have a Massachusetts Poison Center telephone sticker, cut this out and tape it to your phone.) If you do not have a phone, ask a neighbor if you can put the Poison Center number on her phone for use in an emergency.

If you think your child may have swallowed a poison...



1. Look in the child's mouth. Remove any remaining pills, pieces of plant, etc.



2. Bring the child and the poison or container to the phone. Do not give your child *anything* by mouth (not even water or milk) until you call the Poison Center or your doctor.

3. Call the Poison Center. Their trained medical staff will give you immediate treatment advice over the phone, toll-free, 24 hours a day. Be prepared to give your child's age and weight, the product name and the amount swallowed, if known.

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SCIPP

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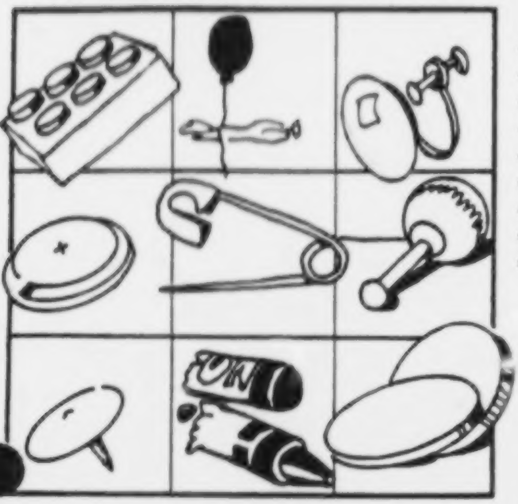
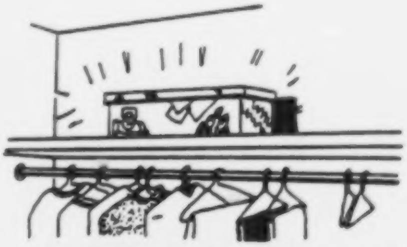
PREVENTING CHOKING

Choking on foods and objects is the fourth leading cause of death in young children.

Children will put anything in their mouths; protect them by keeping these and other small items out of their reach.



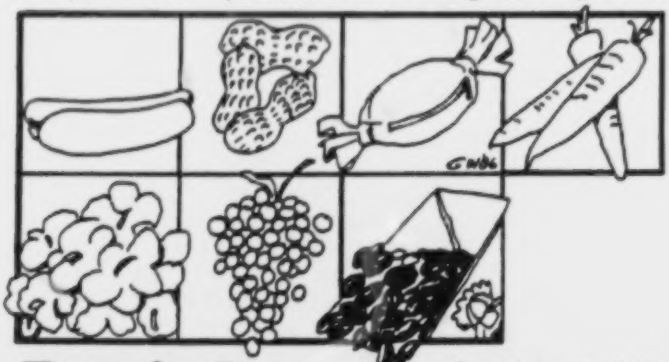
- small parts of a toy
- broken or deflated balloons
- jewelry
- button batteries
- safety pins
- unsafe rattles
- nails, tacks, screws
- crayon pieces
- coins



Older children with small toys may enjoy decorating a shoe box as their treasure box—to be kept up high—safely beyond the reach of younger brothers and sisters.

Some foods can cause young children to choke. Round, hard foods are especially dangerous to young children.

Ask your doctor if your child is old enough (usually around age 4) to have foods like these:



- hot dogs (#1 cause of food choking in children)
- nuts
- hard candies
- carrots
- popcorn
- grapes
- raisins

Reminders:

Don't let your child run with anything in his or her mouth (rattle, lollipop, food, pencil).

Don't let your child lie down while eating.

Never leave your baby alone with a propped-up bottle.

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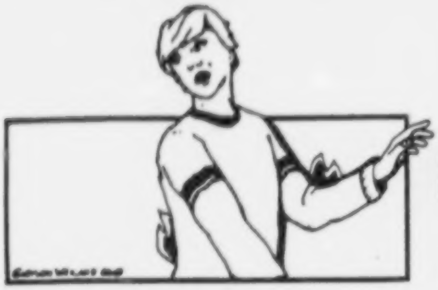
SCIPP

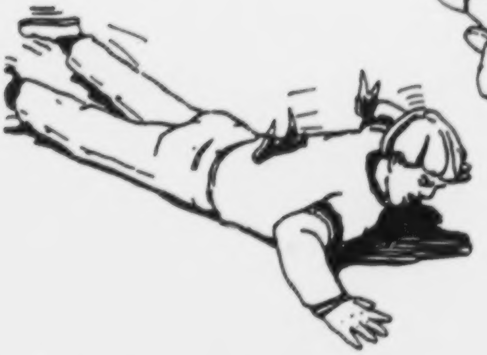
STOP, DROP, and ROLL

Young children have saved their own lives by droppi[illegible] and rolling when their clothes caught fire.



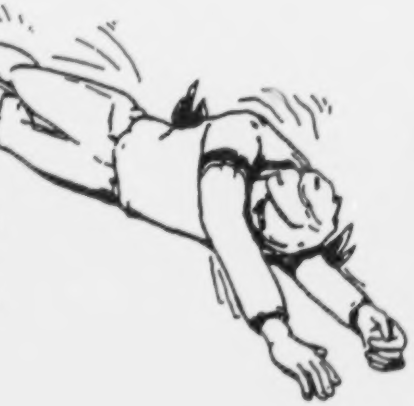
STOP

STOP where you are—do not run.



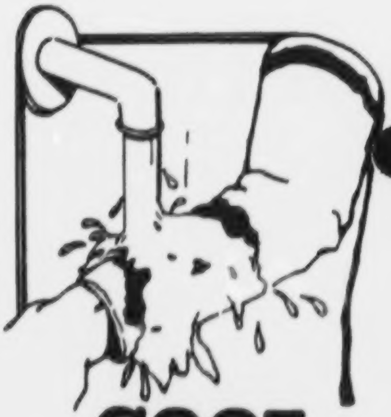
DROP

DROP to the ground or to the floor and cover your face with your hands.



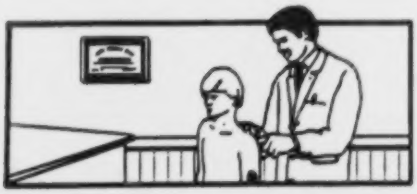
ROLL

ROLL to put out the flames.



COOL

COOL the burn right away with water only.



GET medical help.

Teach your child (age 3 or older) to STOP, DROP, and ROLL.

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150 Tremont Street, 3rd Floor, Boston, MA 02111 (617) 727-1246

SCIPP

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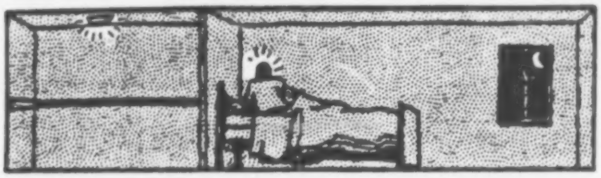
SMOKE DETECTORS

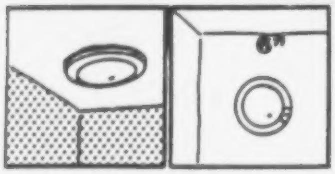
Most fatal fires occur at night while people are sleeping. A smoke detector will wake you when there is a fire, in time to save your life. A smoke detector *in working condition* will usually give you three minutes to escape.

Who should have a smoke detector?

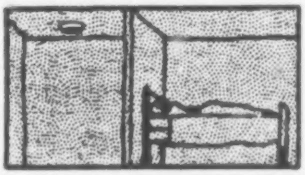


Every home should have *at least one* smoke detector. By Massachusetts law, landlords must provide smoke detectors in a building with three or more apartments. In some cities, such as Boston, all homes must have smoke detectors.

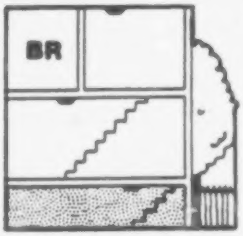
Where should a smoke detector be placed?



on the ceiling, or on the wall 6-12" below the ceiling



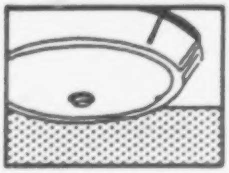
outside the sleeping areas



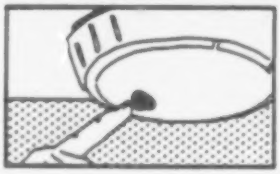
- at the foot of stairs that lead to floors where bedrooms are located.
- at the top of the basement stairs.

Multi-floor homes will need more than one detector.

How should they be maintained?

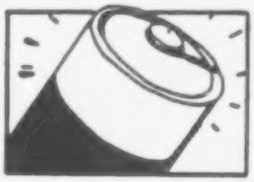


Smoke detectors can save lives *only* if they are working properly. Be sure to:

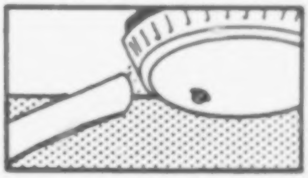


test them monthly by pushing test buttons or blowing smoke into them to make sure alarms work.

replace batteries when low, or at least once a year.

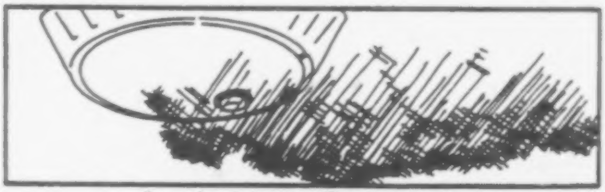


vacuum the detector gently to keep dust out.



NEVER **remove batteries for use in toys, radios, etc.**

disconnect them – If a smoke detector goes off from cooking fumes, move it to a better spot and reconnect it right away.



A smoke detector will not protect you if the batteries are removed.

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SCIPP

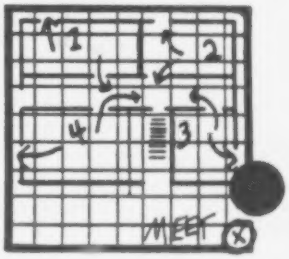
FIRE
ESCAPE PLAN

Making and practicing a fire escape plan can save lives when a fire breaks out. Most people die from smoke, not flames or heat. This four part plan could save your life!

1. **Install smoke detectors;** keep them in good working order.
2. **Plan your escape route** on a floor plan; decide on an outside meeting place.
3. **Discuss this with your family;** decide who will take charge of a child if a fire occurs.
4. **Practice your exit plan,** especially at night.

Use this grid to draw a floor plan of each person's bedroom or to show the whole house.

Example:



1. Draw two exits from each room.

2. Write down your outside meeting place.

3. Practice E.D.I.T.H. Exit Drills in the Home.

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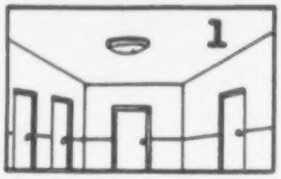
SCIPP

E. D. I. T. H.

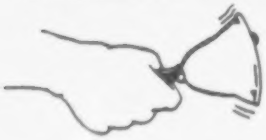
Exit Drills in the Home

Should a fire occur, BE PREPARED. Practicing E.D.I.T.H. can save your life—and your family's. Remember—most deadly fires happen at night. PRACTICE AT NIGHT TO BE READY.

Practice: (once a month)

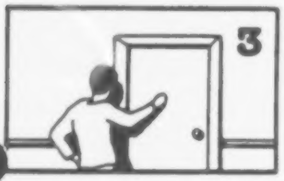


Everyone in bedrooms with doors closed.



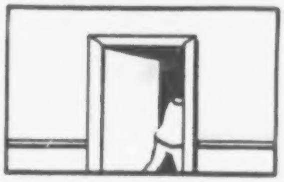
2

One person sounds alarm.



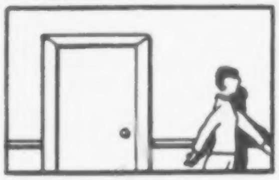
Each person tests his door for heat.

4



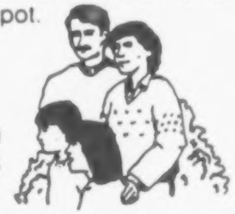
Pretend it's *cool.* **Use primary escape route.**

OR



Pretend it's *hot.* **Use alternate escape route.** (Alternate each month)

5 Everyone meets outdoors at an assigned spot.

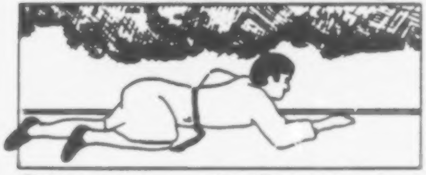


Remember:

Always sleep with your bedroom door closed; it will help hold back deadly smoke.

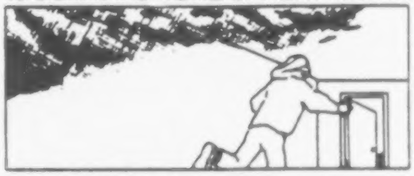
IN A REAL FIRE:

If the smoke detector goes off, touch the door before opening it. IF IT IS HOT, USE AN ALTERNATE ESCAPE. If it is cool, brace your shoulder against the door and open it slowly. Be ready to slam it if SMOKE or HEAT rush in.



Crawl low in smoke. The best air is close to the ground.

If your clothes catch fire, STOP. DROP and ROLL to put out the flames.



GET OUT FAST.

Don't waste time trying to
put out the fire
call the Fire Dept.
get dressed
or
gather valuables.
SECONDS COUNT!

Once out — *STAY OUT!* Don't go back inside for pets or belongings.

Call the fire department from a *neighbor's* phone.

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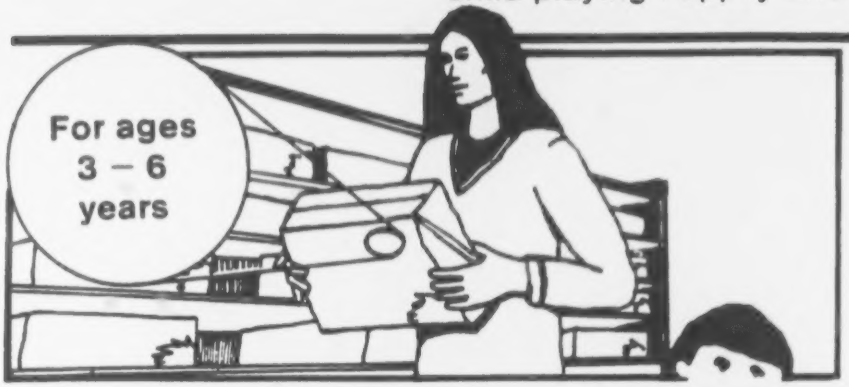
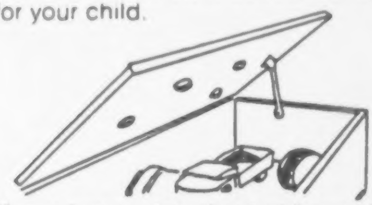
TOY SAFETY

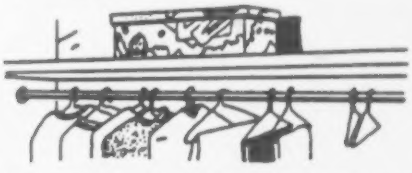
Toys should be a source of fun and learning for your child. But all too often, toys with poor design, toys that are too old for your child or are used incorrectly, or toys in bad repair can lead to serious, even fatal injuries. Follow these steps to keep your child playing happily and safely:



Choose your child's toys carefully. Read the package labels or ask someone at the store about safe toys for your child.

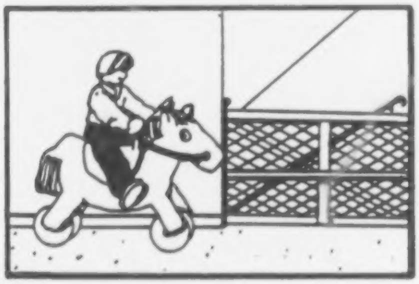


If you have a toy chest at home, be sure it has a lid support and air holes. If it doesn't, *remove the lid.* A lid that slams shut could cause head injuries or suffocation.



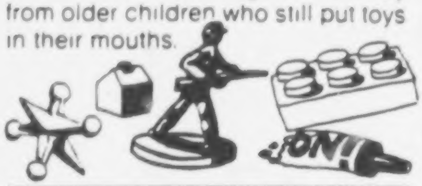
Help older children to keep their toys where your baby or toddler cannot reach them. Older children may enjoy decorating a shoe box as their treasure box—to be kept up high—safely beyond the reach of younger brothers and sisters.

If a toy is labeled "for children ages 3 and older," don't give it to a child under age 3. It could have small parts or sharp pieces that are dangerous to younger children.



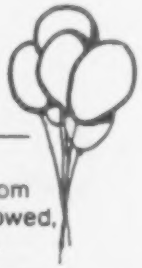
If your child is on a riding toy, keep him or her away from stairs, porches, cars, and pools.

Keep *any* toy with small parts away from children under age 3 *and* away from older children who still put toys in their mouths.



Check your child's toys for these hazards. If they can't be repaired, throw them out!

- Sharp points, jagged edges, rough surfaces.
- Small detachable parts that could be swallowed or stuck in the throat, nose or ears.
- Sharp spikes or pins that have become exposed if your child has pulled the toy apart.
- Long cords or strings on tots' toys. If the cord is over 12 inches, cut it shorter.
- Squeakers or other noise makers that are not securely attached to the toy and that could be removed and swallowed.
- Caps, guns and other toys that produce a very loud noise and could damage hearing.
- Nuts, bolts and clamps that are loose.
- Electric toys with frayed or loose wires. These should be thrown out if repairs would cost too much. Electrical wiring should state: UL approved.



CAUTION: **Deflated or broken balloons are dangerous! Keep them away from your child. When these are swallowed, they cause children to suffocate.**

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POISONOUS PLANTS

Children are often attracted to the colorful berries, flowers, fruits and leaves of plants. But over 700 plants in the U.S. and Canada have been identified as poisonous. These can be found anywhere—in your neighbor's or your own house, in florist shops and grocery stores, in yards, in the woods and on playgrounds.

Plants are a common cause of poisoning to preschoolers. Most of these poisonings can be prevented, so it's important for parents, grandparents, babysitters and day care workers to know if poisonous plants are near children.

If eaten, some plant parts can cause a skin rash or stomach upset; others can even cause death. Here is a partial list of indoor and outdoor plants that are very dangerous—children have died from eating these.

Autumn crocus
Azalea
Baneberry
Belladonna
Black cherry
Black locust
Black snakeroot
Buckeye
Caladium
Caper spurge
Castor bean
Cherry
Chinaberry
Daffodil bulbs
Daphne
Delphinium
Dieffenbachia
Dumbcane
Duranta
False hellebore
Foxglove
Golden chain
Hyacinth
Hydrangea
Jequirity bean
Jessamine
Jimson weed
Larkspur
Lantana
Laurel
Lily-of-the-valley
Lupine
Mistletoe
Monkshood
Moonseed
Mountain laurel
Mushrooms
Nightshade
Oleander
Poison hemlock
Pokeweed
Privet
Rhododendron
Rhubarb leaves
Rosary pea
Rubber vine
Sandbox tree
Tansy
Thorn apple
Tobacco
Tung oil tree
Water hemlock
White snakeroot
Yellow jessamine
Yellow oleander
Yew

There is no rule of thumb to help you tell a poisonous plant from a safe one. You can get help in identifying plants from library books, garden and florist shops, the Cooperative Extension Service and the Arnold Arboreteum in Boston.

If you think your child may have swallowed any part of a poisonous plant, first remove any remaining pieces from the child's mouth. Then bring your child and a piece of the plant to the phone and call the Massachusetts Poison Center, toll-free, 24 hours a day. In Greater Boston area: 232-2120. Outside of Boston: 1-800-682-9211.

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SAFE PLANTS

Plants are a leading cause of poisoning to preschoolers. If eaten, some plants can cause a skin rash or stomach upset—others can even cause death.

A sure way to prevent these poisonings inside the home is by substituting safe plants for poisonous ones. Here is a list of some common indoor plants that are safe for growing around young children.

COMMON NAME	BOTANICAL NAME
African violet	Saintpaulia ionantha
Aluminum plant	Pilea cadierei
Begonia	Begonia semperflorens
Boston fern	Nephrolepis exaltata
Coleus	Coleus blumei
Dracaena	Dracaena fragrans
Hen-and-chickens	Sempervivum tectorum
Jade plant	Crassula argentea
Mother-in-law's tongue	Sansevieria trifasciata
Peperomia	Peperomia obtusifolia
Prayer plant	Maranta leuconeura
Rubber plant	Ficus elastica
Sensitive plant	Mimosa pudica
Spider plant	Chlorophytum comosum
Swedish ivy	Plectranthus australis
Wandering Jew	Tradescantia fluminensis
Wax plant	Hoya carnosa
Weeping fig	Ficus benjamina

Fortunately, most plant poisonings can be prevented. Here are some ways: **Learn** which plants are poisonous. For help, check library books, garden and florist shops, the Cooperative Extension Service and the Arnold Arboreteum in Boston.

Keep young children away from all plants. Eating too much of even a 'safe' plant can make a child sick.

Remove poisonous plants from the area.

Supervise young children closely around plants.

Teach children not to put plants, fruits, and berries in their mouths.

There is no rule of thumb to help you tell a poisonous plant from a safe one. You can get help identifying plants from library books, garden and florist shops, the Cooperative Extension Service and the Arnold Arboreteum in Boston.

If you think your child may have swallowed any part of a poisonous plant, first remove any remaining pieces from the child's mouth. Then bring your child and a piece of the plant to the phone and call the Massachusetts Poison Center, toll-free, 24 hours a day. In Greater Boston area: 232-2120. Outside of Boston: 1-800-682-9211.

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